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GOVT PUBNS

ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamak, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence
for

May 1, 1984

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Tuesday, the 1st day
of May, 1984.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

APPEARANCES:

P.S.A. LAMEK, Q.C.) E. CRONK)	Commission Counsel
D. HUNT) L. CECCHETTO)	Counsel for the Attorney General and Solicitor General of Ontario (Crown Attorneys and Coroner's Office)
I.J. ROLAND) M. THOMSON) R. BATTY)	Counsel for The Hospital for Sick Children
D. YOUNG	Counsel for The Metropolitan Toronto Police
K. CHOWN	Counsel for numerous Doctors at The Hospital for Sick Children
E. MCINTYRE	Counsel for the Registered Nurses' Association of Ontario and 35 Registered Nurses at The Hospital for Sick Children

(Cont'd)



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APPEARANCES: (Continued)

D. BROWN	Counsel for Susan Nelles - Nurse
C.R. THOMSON, Q.C.) G.R. STRATHY)	Counsel for Phyllis Trayner - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)
J. SHINEHOFT	Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai)



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--- Upon commencing at 9:30 a.m.

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PHYLLIS TRAYNER, Resumed

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THE COMMISSIONER: Yes Mr. Brown.

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MR. BROWN: In respect of the

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remainder of this week I have spoken with Mr. Sopinka

7

and he has been called into trial that will keep him

8

busy this week. He would like to be present when the

9

arguments are made and he requests that be addressed

10

MR. YOUNG: I spoke to Mr. Percival,

11

he will be prepared to engage in argument on Thursday

12

or whatever time you set.

13

THE COMMISSIONER: Have you a solution,

14

you raised the problem Mr. Brown, can you offer me a

15

solution?

16

MR. BROWN: The solution I suggest,

17

sir, that it be postponed to a later date. We are

18

interested in Phase II and Mr. Sopinka would like to

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make submissions and respond to any argument that any

other Counsel might have.

20

THE COMMISSIONER: I suppose if he is

21

not available we will have to put it over until next

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week, but now we have to advise Miss Cronk that we

have to get witnesses assembled for Thursday.

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MR. LAMEK: I will let her know at

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A/DM/ko



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the break Mr. Commissioner.

THE COMMISSIONER: What do you know, Miss McIntyre, you probably missed out on this, but Miss Ganassin is supposed to be coming but she has a sick child, do you know anything more about it?

MS. McINTYRE: Yes I do, she will be available I understand, as she is not to be available today.

THE COMMISSIONER: No.

MS. McINTYRE: But she will be available tomorrow.

THE COMMISSIONER: Wednesday?

MS. McINTYRE: Yes.

THE COMMISSIONER: And she is followed immediately - I don't know about Mrs. Palmer, is she available?

MS. McINTYRE: I was not able to contact her last night but I assume she will be available.

THE COMMISSIONER: Well if they can be available now. What about Mr. Percival, that is the only thing, what about next week?

MR. YOUNG: I don't know, I will endeavour to find out. We are available, in fact we can be available tomorrow afternoon if need be, but



1
2 certainly Thursday morning.

3 THE COMMISSIONER: Do I understand
4 that Mr. Sopinka will be available on Monday morning?

5 MR. BROWN: He thinks the trial will
6 finish very early next week, there may be a break in
7 the trial. It is one of these things, it is a set
8 day.

9 THE COMMISSIONER: But you see we have
10 the problem that Mr. Percival is as much in demand as
11 Mr. Sopinka and he won't be available on five minutes
12 notice.

13 MR. BROWN: I appreciate that.
14 Perhaps I can speak with Mr. Young and perhaps between
15 the two of us we can see what dates are common between
16 Mr. Sopinka and Mr. Percival.

17 THE COMMISSIONER: It is only people
18 like you and me who have nothing else to do, we are
19 always here.

20 MR. BROWN: So be it.

21 THE COMMISSIONER: Well we will try
22 and work it out. I guess we will have to call it off
23 for Thursday but I do want to - I continue my threat
24 that I don't intend to start Phase II until we have
25 resolved that problem satisfactorily. So there we
are. Well then, Miss McIntyre, can I leave the



1
2 problem with you and Miss Cronk to make sure that we
3 have witnesses? I would like them for Wednesday
4 afternoon because I have every hope that Dr. Kauffman
5 will be finished tomorrow morning.

6 MS. McINTYRE: I will do my best, I
7 certainly don't anticipate any problem.

8 THE COMMISSIONER: All right. Thank
9 you. Now Mr. Labow.

10 MR. LABOW: Thank you Mr. Commissioner.

11 CROSS-EXAMINATION BY MR. LABOW:

12 Q. Mrs. Trayner, you should have
13 a copy of Exhibit 342 beside you, which is a - it
14 sets out the team leader responsibility and
15 objectives, and I have just a few questions. On
16 page 2 --

17 THE COMMISSIONER: I am sorry, what
18 exhibit is that, 384?

19 MR. LABOW: Exhibit 342,
20 Mr. Commissioner.

21 Q. Now on page 2 of Exhibit 342
22 under Sub-objective (c), it points out that you are
23 to understand and assist the capability of team
24 members, and in Sub 2 to evaluate the ability of
25 team members. Did you do any written evaluations of
your team, verbal evaluations?



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A. There would be verbal evaluations.

Q. Who did you evaluate them to?

A. If I had any concerns, or any problems, they would be related to Liz Radojewski.

Q. So this was only if you had problems you were then to go to Mrs. Radojewski with them?

A. Yes, and at the time of team members' evaluations Liz would come up to me and ask me if there was anything specific, or if there was any problems I had noticed, or any strengths or weaknesses that I had encountered with them.

Q. So when Mrs. Radojewski did her evaluation a lot of that evaluation would be based upon your input?

A. Yes.

Q. Could you look at page 6. Now when the conflict between Nurse Nelles and yourself was discussed there was an indication that her complaint was that this was - you conducted yourself in a boss/employee team leader team member type of way and she didn't like that, is my understanding right?

A. Yes.



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Q. Well if you were the team leader of your team, am I wrong in thinking that you were supposed to be the guiding hand of your team members?

A. That's correct.

Q. And that you were supposed to have the final say as to what went on with your team?

A. Yes, with all the input that I had I would make the decision.

Q. So notwithstanding that you would discuss things with your team members, you still had the final say as to what went on when you were in charge at night?

A. Yes.

Q. And that was the whole point of you being a team leader?

A. Yes.

Q. Now yesterday Ms. Symes was discussing with you conflicts that you would have in stressful situations.

A. Yes.

Q. And she was discussing the conflict about the Hines pacemaker and the Dawson situation.

A. Yes.

Q. Now in a stressful situation



1
2 am I right in thinking that you were the one who had
3 to make the final decision as to the nursing care
4 that was given?

5 A. Well, you would be correct in
6 assuming that, yes. I would have to listen to the
7 input of the team member, which would have been
8 Susan Nelles at that time, and then I would have to
9 either agree or disagree and make a decision.

10 Q. Now assuming it was prior to
11 an arrest being called, but it was still what we
12 would consider an emergency type situation, but you
13 had not yet called a code of some kind.

14 A. Yes.

15 Q. Do you agree with me that it
16 was important that you make your decisions very
17 quickly?

18 A. Yes. After the assessment that
19 would be a high priority.

20 Q. And assuming you were the
21 person in charge it was up to you to make that
22 decision?

23 A. Yes.

24 Q. Would you look at the chart
25 for Philip Turner? All the charts that I am going
to refer to are beside you.



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Mrs. Trayner, I represent the parents of Babies Turner, Lutes, Gosselin, Gionas, Murphy and Inwood, and I am going to ask you questions on all six, and I understand that your recollection is not very good with regard to most of these babies, but I would like to ask you a few questions.

A. Okay.

Q. Now for Baby Turner, he had been transferred up to your ward from the ICU on the 30th of July, and he was really only on the ward for the 30th and 31st because he died early in the morning on the 1st of August, and I can tell you that your team was on both long nights on the 30th and 31st of July, and you were in charge on both those nights. Now, would you turn to page 49 of the chart please. There is an indication in the middle of that page, the note there from Dr. Soulioti, that there was a question about digoxin. It says:

"Digoxin episodes of sinus bradycardia therefore digoxin not always given."

A. Yes.

Q. Were you aware that there was a question about digoxin when this child was returned to the floor?



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A. I can't remember that. I would have been probably given that in report.

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Q. Now as a team leader in charge that night, did you have access to the tour end reports?

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A. The supervisor has the tour end reports, they are made up during the day shift by the head nurse.

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Q. Right.

A. And taken down to the nursing office by 3 o'clock.

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Q. So you wouldn't see the tour end report?

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A. If I was on the day shift I would help Liz Radojewski put in relevant information, but I did not have the tour end report on the night shift.

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Q. So you wouldn't know if there was something in the tour end reports that, for example, Mrs. Radojewski felt was important?

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A. Not until the supervisor would come around and ask to see the baby, or the list of problems.

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/EMT/LB

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Q. Okay. The tour end report for this child (Mr. Commissioner, this is Exhibit 360 and I am referring to page 18) on the 31st of July, - this is page 18, Mrs. Trayner.

A. Okay.

Q. Mrs. Radojewski indicated that this child should go to the ICU. That is the third line from the bottom of her note, and that the cardiologists were assessing the child.

A. This is found on the page like over?

Q. Yes, it is on the back of page 18.

A. Sorry. Yes.

Q. Now you were in charge that night. Do you recall being aware that at least sometime before 3:15 in the afternoon, the head nurse had felt that this child should go to the intensive care unit?

A. From reading the charts on this child I was.

Q. So you were aware that Mrs. Radojewski thought this child should go to ICU?

A. Just from reading the charts. I don't have an independent recollection of it.



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Q. Is that from reading his actual Hospital record now?

A. Going through - there is just the notes from the doctor, from the ICU transcript, the acceptance summary.

Q. Right.

A. That he was still sick or critically ill.

Q. That is when he came to ward 4A?

A. Yes.

Q. But obviously for some reason they had transferred him out of ICU at that time?

A. Yes.

Q. Do they normally transfer out a child if they expect the child to die?

A. They may have - it was their practice in the past sometimes to, if ICU was busy, if they were expecting a post pump, another open heart surgery to come in, and they needed the bed space they would send up the child that they thought may be okay up on the floor.

Q. So that was probably the case with Philip Turner?

A. Yes.

Q. Do you recall if you knew at the



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time that Mrs. Radojewski was concerned?

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A. I don't have an independent
recollection of that, no.

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Q. Is this something the supervisor
would have probably mentioned to you?

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A. Yes. I would have seen the tour
end report, and when she came around this is the one
child that she would see at least twice that night.

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Q. Do you have any recollection as
to what was done to try and get this child back into
ICU?

12

A. No, I don't.

13

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Q. Mrs. Trayner, when you gave
evidence at the preliminary hearing, and this is Volume
29, you were asked by Mr. McGee at page 47 with regard
to this child about POMR charting.

16

A. Yes.

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Q. And you indicated with regard to
this chart that up until the time Susan or until the
time the baby arrested there wasn't any problem with
the child so there was no need to write.

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Now can I take it that looking at the
Hospital record it didn't seem that the child was
deteriorating so badly at the beginning of the night
shift that the child was going to die that night.



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A. The problem with the POMR charting is that you write down the problems -

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THE COMMISSIONER: Can you tell me just what POMR stands for?

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THE WITNESS: Problem Oriented, I think it is Medical Recording.

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THE COMMISSIONER: Yes, right. Thank you. Is that - if you don't know this don't bother exercising your brain on it - is this peculiar to the Sick Childrens Hospital or it is common throughout nursing?

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THE WITNESS: It is peculiar to Sick Childrens Hospital.

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THE COMMISSIONER: Yes. Thank you. Yes, Mr. Labow;

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MR. LABOW: My understanding is what you do is you note problems?

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A. Yes.

Q. And if there weren't severe problems noted earlier in the evening with that child, then there were no problems that any of the nurses noted, especially the nurse who had the care of this child?

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A. Or there was no change from the problems previous. That is what the Problem



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Orientated Charting is. That is if the chest was still congested and on our shift or at the beginning of the shift there was no change from that, then we wouldn't have to write that problem down because it was already a problem.

THE COMMISSIONER: We have read time and time again about the child was stable, until such and such a period the child was stable and took his feeding well, and something along that nature. Would that be put in only later on when there developed a problem? I don't know if Turner is an example but we certainly see any number of references to the child being in stable condition up until a certain hour and then the deteriorating, which hardly seems to be in accord with problem oriented reporting because if he is in stable condition you wouldn't do that.

THE WITNESS: That's right. Some of the nurses wrote down a problem that would be nutrition. If there had been a problem on a previous shift that he had vomited, then they may write that in, or their elimination.

THE COMMISSIONER: Yes. All I am suggesting is that it is not a consistent, this problem oriented medical reporting doesn't seem to



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be consistent because without pointing to one particular one I think almost any chart, we can open up any chart and we will find references to the child being perfectly normal, perfectly stable or perfectly satisfactory at some point. Either his nourishment was satisfactory or his heart rate was satisfactory or something of that nature. And then we also have the problem related later.

THE WITNESS: Yes.

THE COMMISSIONER: Why I was asking is is it only where the problem arises that you go back to the stable period, or do some nurses put in stable periods and put in references to the condition of the child even if they are favourable conditions?

THE WITNESS: They do. It is not consistent charting.

THE COMMISSIONER: What happens? Do you get taught this in the course when you come to Sick Childrens Hospital?

THE WITNESS: We do get taught that, but it takes a while to orientate yourself to that type of charting.

THE COMMISSIONER: And I forgot, you were at St. Joseph's, were you?

THE WITNESS; Yes.



B7

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THE COMMISSIONER: What happened at
St. Joseph's ?

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THE WITNESS: At St. Joseph's any time
you entered anything into the chart you had to time
it and sign your name.

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THE COMMISSIONER: No, but what would
you enter into the chart? Would you enter in the
good news as well as the bad news?

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THE WITNESS: Everything. For example,
8:00 o'clock in the morning, saw a patient and gave
him breakfast. 8:30 saw patient again and seems
comfortable.

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THE COMMISSIONER: Yes.

THE WITNESS: 9:30 the doctor visited.

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THE COMMISSIONER: Do you think that
the instances where we have seen reports that are
not remarkable are perhaps just the nurse is not
properly trained yet?

THE WITNESS: Yes.

THE COMMISSIONER: Yes. All right.

MR. LABOW: Q. Now the time that you just
referred to, is that what Miss Symes referred to
yesterday as time sequence reporting?

A. That would be part of it, yes.



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Q. And you would record everything that you observed with the time that it happened, good, bad or indifferent?

A. Yes.

Q. Is that the way most hospitals do their charting, to your knowledge?

A. I have only worked at St. Joseph's and we didn't do POMR, it was new to Sick Children's.

Q. Okay. Mr. Registrar, could you show the witness Exhibit 32C. I just have one other question about Phillip Turner. At Tab 89, page 68/69.

A. Page 69.

Q. 69, Tab 89.

A. July 31st?

Q. Yes. Now, under Miss Cooney on the long day shift we have a Turner in Room 423.

A. A Turner?

Q. Turner, 423, under Cooney long day shift on the left of the page.

A. Okay, yes.

Q. And we also have a Turner in 418 on the long day shift under Mrs. Harrington?

A. Yes.



Trayner, cr.ex.
(Labow)

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THE COMMISSIONER: I am sorry, I haven't found that. You said there is a Turner in 418?

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MR. LABOW: That's the far right on the top.

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THE COMMISSIONER: Oh, yes, I beg your pardon, yes.

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MR. LABOW: Now, also under Miss Cooney on the right hand side there is an arrow beside the Floryn baby indicating 423.

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A. Yes.

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Q. Does it seem reasonable to you that the Floryn baby was put into 423 and the Turner baby moved to 418 or do you recall there being two Turners on the floor?

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A. No, I think the child was transferred to 418 and the other one was moved to 423.

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Q. Is there any significance to doing that?

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A. They could have put Baby Turner in 423 because they were querying the isolation problem at the time and now that either he wasn't to be isolated, he could go into the infant room and it seems from the chart here that Mrs. Radojewski



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has given Mrs. Harrington just Turner and another
baby in Room 418 to take care of.

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Q. Now, there is no indication
that this child was always on shared care?

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A. No, there isn't.

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Q. Do you have any understanding
that the child was on shared care during the day
before you came on?

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A. No, I don't.

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Q. Now, my last question on this
child involves page 152 of the chart, and it is going
to be hard to find. It is a handwritten page right
in the middle of the ICU notes, it's towards the end
of the chart.

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A. Okay, I've got it.

16

Q. You have found it. Do you
recognize that handwriting?

17

A. No, I don't.

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Q. Well, do you have any idea
what this kind of note would be doing in the chart?
You see, my concern is that half way down it seems
to indicate some of the basic facts about the child,
the day the child died and then digoxin, along with
some indication that the notes from Nurse Nelles are
paraphrased. I can tell you that Nurse Nelles claims



4 2 she didn't write it.

3 THE COMMISSIONER: Didn't write the
4 top part?

5 MR. LABOW: Excuse me?

6 THE COMMISSIONER: Didn't write the top
7 part?

8 MR. LABOW: No, she indicated she didn't
9 write it at all.

10 THE COMMISSIONER: But she signed it.

11 MR. BROWN: No, sir, I think she gave
12 evidence on that. If she did give evidence --

13 MR. LABOW: She did.

14 MR. BROWN: The bottom part of the
15 page is not in her handwriting, although, I agree
16 it is similar but they appeared to be summaries or
17 extracts from the progress notes she made on the
18 child. Now, it is my understanding that this page
19 may not even be part of the normal medical record
20 and may have come into existence some time during the
21 course of the investigations and could have been a
22 summary by some other person of what was contained
23 in the chart. But they are not in Miss Nelles'
24 handwriting.

25 THE COMMISSIONER: I think I would
have remembered that. She gave that evidence, did she?



1 MR. BROWN: Well, I can't recall
2 whether she gave that evidence but I do know when
3 she was interviewed by Commission Counsel this area
4 was canvassed and I just can't recall off the top of
5 my head.

6 THE COMMISSIONER: Well, obviously
7 Mr. Labow must have heard that evidence.

8 MR. LABOW: I did. I did ask Miss
9 Nelles if she had written what appears on this page.

10 THE COMMISSIONER: You don't know what
11 volume in your cross-examination?

12 MR. LABOW: No I don't, Mr. Commissioner.

13 THE COMMISSIONER: Check through it
14 and see if you can find where Mr. Labow is cross-
15 examining Miss Nelles. It does seem odd to me. Is
16 this not her signature either?

17 MR. BROWN: It is not her writing.

18 THE COMMISSIONER: It is not her
19 signature?

20 MR. BROWN: It is not her signature.
21 I agree at first blush there are resemblances but
22 if you compare that writing to her writing in the
23 progress notes there are significant differences and
24 I believe she testified that it was not her writing.

25 MR. LABOW: I'm positive I asked her
specifically if she had written anything on this page



1
2 and she indicated she hadn't and she didn't recognize
3 the handwriting either and I am very curious about
4 this page.

5 Q. I take it, Mrs. Trayner, it
6 is not your handwriting?

7 A. No, it is not.

8 THE COMMISSIONER: Do you remember
9 what point it was in your cross-examination?

10 MR. LABOW: Well, I did the Turner
11 child quite early in the cross-examination, so, it
12 should have been after my general questions about
13 the condition of the child.

14 This child died the 1st of August.

15 THE COMMISSIONER: 1st of August.

16 MS. CECCHETTO: Volume 127 at page
17 8838 at about line 14.

18 THE COMMISSIONER: Well, I don't
19 imagine it is important but it is odd to me that it
20 would have been written and signed. I don't think
21 the terms of reference have any reference to forgerers
22 loose in the Hospital for Sick Children.

23 MR. LABOW: I don't think so, sir.

24 THE COMMISSIONER: But it is an odd
25 one then. If I had realized this was happening I
certainly would have pursued it.



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2 MR. BROWN: Well, I don't think there
3 is anything suspicious about it. It appears to be
4 an accurate summary of the final nursing notes made
5 by Nurse Nelles and I do recall during the course of
6 the interview, I think it was Dr. Gilmour-Bryson
7 who indicated that this page did not form part of
8 the formal medical record and indeed it would simply
9 be a summary of the salient information regarding
10 the final events of this child made by someone during
the course of the investigation.

11 THE COMMISSIONER: Yes, all right.

12 MR. LABOW: Q. Mrs. Trayner, have
13 you ever seen someone at the Hospital do that kind
14 of a summary after a child had died. Was that
something that was done generally?

15 A. I know that there was
16 dictation of the other doctors, the family doctors
17 and the surgeons. They would ask the nurse what had
18 happened up until the time that they arrived and they
19 may have made notes but it would go into the chart
20 for the doctor's notes.

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Q. Somewhere beside you is Exhibit 364, this is the patient incident report involving Paul Murphy. Now this incident arose on the day of Paul Murphy's last admission to the Hospital for Sick Children. Do you recall discussing this with anybody?

A. No, I don't.

Q. Now it apparently involved a dose of digoxin that was given that was twice what was called for?

A. Yes.

Q. And the staff involved are both Nurse Scott and yourself, is that correct?

A. Yes.

Q. Now if you look at page 140 of the medical record which is beside you.

THE COMMISSIONER: I am sorry, what Exhibit is this?

MR. LABOW: It is Exhibit 80C.

THE COMMISSIONER: I beg your pardon we are now talking about?

MR. LABOW: Paul Murphy.

THE COMMISSIONER: I'm sorry, the page again?

MR. LABOW: 140 Mr. Commissioner.



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Q. Now, Nurse Scott apparently signed off the digoxin dose the 9th of August at 9:00 p.m., do you see that on page 140?

A. Yes.

Q. Can you explain to me why you would also be one of the staff involved in the incident?

A. I would have checked it with her.

Q. So apparently you checked the dose, is that it?

A. If I was involved, yes I would have.

Q. So you would not have been involved solely because, for example, you were the team leader then?

A. No.

Q. You would have to have some direct contact with this incident?

A. Yes.

Q. Now, you also gave Paul Murphy his digoxin on the 22nd of August?

A. Yes.

Q. At 9:00 p.m. Can you recall why you didn't give him his digoxin on the 23rd of August?



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A. No, I can't.

Q. If you look at page 131 of the progress notes in the final nursing note of Miss Cooney?

A. Yes.

Q. Paul Murphy was apparently stable until 2200 hours, until 10:00 o'clock.

A. Yes.

Q. And it was only at 10:00 o'clock that his terminal event began.

A. Right.

Q. And I take it, being the team leader, you were probably responsible for giving him his digoxin because Miss Cooney is an RNA?

A. Yes.

Q. Do you have any recollection as to why that wasn't done at 9:00 p.m., did someone tell you not to give it to him?

A. I can't recall anything, can I look at the doctor's orders.

Q. The doctor's order is at page 138 - 139, and it does not seem to indicate that there was any hold on digixon.

A. I can recall giving him medication that night.



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Q. Is it possible that you gave the digoxin and just didn't sign it off?

A. That's a possibility.

Q. We have heard from Nurse Bell and this is at Volume 98, page 2160 to 2161 that she understood from you that Paul Murphy wasn't doing well and was probably going to die, and I think you told Mr. Lamek that you didn't recall that conversation.

A. No, not that he was going to die that night, but he was, he was critically ill and there was a no code for him.

Q. Did you expect him to die while he was in the Hospital, that admission?

A. Yes.

Q. So you didn't necessarily expect that he was going to die on the 23rd of August, but you did expect him to die and not go home?

A. I believe so, yes.

Q. Do you recall who indicated that to you?

A. It was the cardiologist, I can remember about having a conversation with Mr. and Mrs. Murphy, that the reason that he was readmitted this time was that they were having a lot of trouble with him at home handling him and they were not



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2 getting their sleep and they were anxious and
3 concerned with Paul and that was one of the biggest
4 reasons that he was readmitted at this time to be
5 with us and to help decrease the anxiety of the
6 parents.

7 Q. Is that a common thing to often
8 admit children to just be in the Hospital and
9 decrease the parents' anxiety?

10 A. To decrease or increase?

11 Q. Decrease their anxiety.

12 A. To decrease, yes, we have done
13 that in the past so that the parents will be with us,
14 they know us and they feel better that they were in
15 the Hospital sometimes. I remember Mrs. Murphy
16 saying that she wasn't sleeping at night because
17 she was afraid that Paul would die at home and she
18 would be asleep and not be there.

19 Q. Now, from your expectations I
20 take it that you were not surprised that Paul
21 Murphy died that night?

22 A. No, I wasn't surprised.

23 Q. Would you turn to the chart
24 of Matthew Lutes please. Now Matthew Lutes was in
25 the Hospital from the 12th of November and your team
was on that particular night of the 16th of November,



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you were in charge and had no patients; Mrs. Scott had five patients; Mrs. Christie had seven patients, and we learn from the back of the WIN sheets that Matthew Lutes was on shared nursing care, and Miss Nelles had the care of this child and one other.

A. Okay.

THE COMMISSIONER: You remember what, shared nursing care you say?

MR. LABOW: Yes, on the back of Exhibit 335A.

THE COMMISSIONER: 335A, thank you.

Q. On the back of the week of November 10 to 16, for the 12th, 15th and 16th, I think it indicates Matthew Lutes shared care. Now given the other staff assignments can we assume that you relieved Miss Nelles when she took her breaks, for this child?

A. I may have, yes.

Now this child's terminal events began just after midnight. Do you recall if Miss Nelles had taken a break prior to that time, that evening?

A. I don't recall that, no.

Q. Would a nurse normally take a break where they would have to be relieved in a



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special care situation sometime prior to midnight?

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A. If they wanted a coffee break, yes.

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Q. Now did you know, or do you

5

recall knowing that there was a problem with this

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child's digoxin throughout his stay in the Hospital?

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A. No.

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Q. Dr. Rose's evidence is even

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though his digoxin level was only 2.1, it may have

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been a little too high for this child and the dose

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A. I don't have that, I don't have

12

any recollection of that.

13

Q. If it was a case that there

14

was a problem with the digoxin of any child in your

15

care, is it something you would normally know.

16

A. Yes.

17

Q. That is something that would

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normally be brought to your attention?

19

A. I do remember one child that

20

we were concerned about, yes.

21

Q. Now this child suddenly arrested

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just after one of the doctors had walked into the

23

room. At page 53, Dr. Costigan noted he "wandered

24

in to see the child and the child arrested during

25

his examination".



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A. Right.

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Q. Do you recall anything about the
arrest of this child?

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A. Just from reading this it brings
back the memory that I can remember Dr. Costigan
coming up to the floor to look at the child and he
was saying "just wandered in" in his note here, "wandered
in to see Matthew". It was my understanding that
Dr. Costigan thought that this child was extremely
ill, or had a very poor heart, that there wasn't
anything that they really could have done for this
child.

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Q. So you recall Dr. Costigan
telling you that after the child had arrested.

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A. Yes.

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Q. Did he discuss the matter with
anyone else?

17

A. With Susan Nelles and myself.

18

Q. Do you recall talking to the
parents of this child?

19

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A. No, I don't.

21

Q. Would it generally happen that
the team leader would also talk to the parents, or
only the nurse who was caring for the child.

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A. It would either be the nurse

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that cared for them, or the team leader, depending if Susan Nelles knew the parents or had spent time with the parents during the evening and felt comfortable dealing with them at this time, then she would go ahead with that.

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Q. Now, did you have any indication from Dr. Costigan when he explained to you that he felt that this child was extremely ill that he conveyed that feeling to anybody else?

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A. As I said I can just remember him writing in this little note and saying - I can remember Susan and myself being there and that-just Matthew was a very sick boy and his heart was very defective.

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Q. Did he indicate that, I mean did you recall him saying that to indicate that you had done all you could and you shouldn't be too concerned about this child dying, that it was to be expected or --

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A. I think that was his general concern that he conveyed to us.



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Q. I would next like to look at Real Gosselin. This child was admitted early in the morning of 17th December and died early in the morning of 18th December.

Do you have any recollection of an indication that surgery had been planned for this child that had been cancelled that morning, his first morning?

A. No independent recollection, no.

Q. Do you have any recollection that his digoxin level was 3.9 or 3.7 on admission and that there was some concern about digoxin in this child?

A. I do remember a conversation with Dr. Freedom. I wasn't sure that it was Real Gosselin, but it was a child that had come from another hospital and that they were concerned that the child had a high dig. level on admission to our hospital.

Q. Perhaps if you would look at page 44 of the hospital record. Now there is a note there by Dr. Stephen, and it was written at 7:00 p.m. on the 17th.

A. Yes.

Q. This was about the time that



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you came on shift?

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A. Yes.

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Do you recall receiving any special instructions from anyone regarding the care of this child?

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A. No, I don't.

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Q. Do you recall reading that note when you reviewed the charts that night?

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A. I would have read the chart and I would have been aware at the time of what to do if there was special information given.

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Q. Now if you read in a chart that there was a question of digoxin because he notes here that the level was 3.9 in the morning and that it was being held, were there any special things that you would do just as a standard practice? Would the nurses look for anything in particular?

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A. We would check his heart rate. We would probably have the child on a cardiac monitor. We would check to see how he was tolerating feedings,



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2 to see if there was any vomiting. Check to see if
3 there was any change in respiration and check the
4 monitor to observe an ECG strip.

5 Q. So those were just standard
6 things that whoever was caring for this child would
7 do?

8 A. Yes.

9 Q. And we can assume that Nurse
10 Nelles did those things?

11 A. Yes.

12 Q. Since she had the care of this
13 child?

14 A. Yes.

15 Q. Do you recall coming into the
16 room when this child arrested?

17 A. No, I don't.

18 Q. Do you recall anything about the
19 arrest of this child?

20 A. No.

21 Q. Do you recall talking to the
22 doctors afterwards? I can tell you that Dr. Rose was
23 there later that morning.

24 A. I can't recall speaking to any
25 doctor. I do, if I am correct, somebody came to pick
up the isolette that was from - that the child was



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2 transferred in from Winnipeg and it came from the
3 airport that morning, and it was my assumption that
4 it was one of the doctors from the hospital, and I
5 can recall Dr. Freedom speaking to this doctor when
6 he was picking up the isolette saying this child had
7 had a high digoxin level and it should have been
8 checked out in Winnipeg before you had transferred
9 the child to Sick Children's Hospital, and I can
10 recall Dr. Freedom being quite angry with this
11 doctor.

11 Q. Do you recall Dr. Freedom doing
12 anything in particular to bring this level down aside
13 from holding the digoxin?

14 A. No, I can't.

15 Q. Now next I would like to deal
16 with Kristin Inwood.

17 Now you told Miss Symes yesterday that
18 some time around 7:45 or 8 o'clock in the evening you
19 were in Kristin Inwood's room with Miss Halpenny,
20 Miss Harwood-Jones and Miss Nelles because there was
21 some kind of concern that you couldn't put your finger
22 on it.

23 A. Yes, and there was also - I
24 thought it was that Kristin Inwood had received some
25 digoxin that morning.



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Q. By mistake?

A. By mistake, and I can recall them being concerned about that that evening when we came on.

Q. Well, was the concern brought about by the mistake in digoxin or was there something about the child that the nurses were observing that brought on the concern?

A. There was something about the child that the team leader from the 4B side, Marianne Bracewell I believe, had been concerned about the child all day, and my best recollection is that they did call a doctor up that evening about 8:00 or 8:30 to come and see the child. I thought she wasn't tolerating her feeds properly or something, and her respirations were high. She was having trouble breathing.

Q. Can you look at the progress notes that being on page 61? Now on the 12th of March the second note, Nurse Lyons, seems to indicate that the child was not in any apparent distress.

A. Right.

Q. And there aren't a lot of notes on this child, but aside from tiring out on the long



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day shift the note from Miss Frise on page 62 doesn't seem to indicate that there was any great concern.

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A. Except that there is a doctor's note above that.

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Q. Right. Indicating that they were going to perform a catheterization the next day and they were questioning a coarctation?

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A. Yes, and her heart rate - my copy is very bad - I believe to be heart rate increasing. I don't know what the next word is or the next line, and that she was started on aldactazide and she was given a stat dose of that and then Lasix.

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Q. So does that indicate to you that there was a problem?

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A. As I said when we came on at quarter to eight that night there was a concern that this child was having trouble breathing and trouble sucking the bottle at the same time and there was a concern that she was working very hard.

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Q. Now you indicated you were in the room at about 8 o'clock. Do you recall who asked you to come in?

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A. Mary Jean Halpenny, after we had finished report - they were just finishing up their report - and I had asked how Kristin Inwood was



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regarding the digoxin level, and she said that the digoxin level was okay but she seemed to be having a little problem.

Q. Now you don't recall her telling you what the level was?

A. No.

Q. That the level was 2.6. Would that level give you any concern?

A. Yes.

Q. Because you previously indicated that anything over 2 was high in your opinion regarding children on the ward?

A. Yes.

Q. Did it ever occur to you either then or now that the trouble she was experiencing might have been from a 2.6 digoxin level?

A. I recall that being of big concern after Kristin had arrested, that Mary Jean Halpenny spoke to Dr. Michele Heilbut about the level and tried to reassure the nurses that she didn't feel that it was the mistake in the digoxin that caused the child to arrest.

Q. Now that's the conversation that you indicated with Dr. Heilbut right after Kristin Inwood died?



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A. Yes.

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Q. Were you standing there on part
of the conversation or did you hear about it later?

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A. I was part of the conversation.

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Q. Was this right after the arrest
when all the nurses who were at the arrest were still
in the room? That kind of conversation?

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A. It was out by the nursing desk
at the time.

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Q. But right after the arrest?

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A. Yes.

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Q. Do you recall who else was
there?

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A. Well, there was basically for
Mary Jean Halpenny and Michele Heilbut, but the girls
that were worried, they were sitting down having
coffee I think at the time and we were talking and
Michele said that she would talk to Mary Jean
Halpenny about it.

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Q. Now other than that one concern
was anything else discussed at the time?

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A. I can recall talking to Michele
about children dying at night at that time.

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Q. And what did you discuss?

24

A. Just that these children were

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2 dying at night and it was her feeling that everything
3 slows down at nighttime.

4 Q. Now does she mean the metabolism
5 of the child?

6 A. Yes.

7 Q. Or the staff at the hospital?

8 A. The metabolism of the child.

9 Q. So she was saying that because
10 things slow down at night children are more prone to
11 die at night?

12 A. That and she quoted the example
13 of the old age homes, the older people, you hear about
14 them dying at night more than you would during the
15 day.

16 Q. Did she say anything else?

17 A. Not that I can recall.

18 Q. Now at that time you noticed
19 that children were dying at night?

20 A. Yes.

21 Q. Did you also notice that they
22 were dying in the presence of yours and Bertha Bell's
23 team?

24 A. I think I did, yes.

25 Q. Did you discuss that with
Dr. Heilbut?



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A. I don't think so.

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Q. Is that something you discussed with any of the other nurses?

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A. I think it was discussed with the nurses. I can't recall a specific doctor that we spoke to about it, though.

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Q. So it was discussed then?

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A. Yes, I believe so. It was after Michelle Manojlovich and Kevin Pacsai because we had two in the one night and they were, you know, it kind of brought it to light that these children were going at night.

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Q. Now Nurse Radojewski in Volume 112 said that her recollection was that the earliest discussion that she had regarding this pattern of deaths was after the Inwood death when the team leaders at night came to her to discuss a number of arrests and deaths.

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A. That is probably correct.

22

Q. Do you recall discussing that with Nurse Radojewski soon after the Inwood death? Was it that morning?

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A. It may have been that morning or a couple of days later, yes.

Q. Do you recall bringing anything



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to her attention aside from the fact that it was at
night? Did you discuss what Dr. Heilbut said to you
about things being slower at night?

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A. I think we did tell her that, yes. We had explained about Kevin Pacsai, what had happened that night. I think there were a few concerns that we had voiced to her when I spoke to her.

Q. Well, what concerns do you recall voicing to her?

A. One was for Kevin Pacsai and that Dr. Ning had gone home. There was a concern for Kristin Inwood that perhaps she should have been on I think shared care or constant care, that was from 4B, and whether we were actually staffed, 4A and 4B well enough or did we have adequate numbers to take care of the children. I know Mary Jean Halpenny was upset that their team couldn't provide the type of care that they wanted to for that night, especially for Kristin Inwood because they were busy.

Q. Right.

A. I discussed with Liz that they were dying at night and I had to go over what Michelle had told me. I think that's about all.

Q. Is that something that was Dr. Heilbut's explanation, was it something that was generally accepted by the nurses and Nurse



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Radojewski?

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A. Yes, it was.

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Q. And your other concerns, do you recall if anything was done about them, especially your staffing concern?

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A. I don't recall anything being done at that time. My understanding when I had finished talking with Mrs. Radojewski is that she would talk to Mary Costello and they would see what they could do but they didn't believe at that time that they could hire anybody else or that they could staff with more RN's on the floor.

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Q. Okay. Could you show the witness Exhibit 309, please.

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Now, these are Mary Costello's notes.

11

Now, on the first page about eight lines up Nurse Costello indicated that when she was working one weekend in the nursing office she was called to talk to the 4A and B teams who were upset regarding the number of deaths and saw the solution as more staff. Nurse Costello indicated that that was probably the 27th of July. She also indicates that Phyllis, Marianne, Shirley Anne, Yvonne, et cetera were there. Do you recall having that discussion with Nurse Costello some time in July?

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A. I do remember having something with Mary Costello, I wasn't sure of the time though but if she believes it to be July then it probably was.

Q. In her notes she indicates that nothing unusual was noted until July of '80 and indicated in evidence that this was probably a conversation that took place in July. So, this increase in deaths was noted by the staff on 4A/B including yourself some time at the end of July.

A. Well, I guess we knew that there were more deaths than we were used to.

Q. Do you recall anything being done about your concerns at that time?

A. I don't believe there was.

Q. Now, the last child I would like to look at is Barbara Gionas. Now, Barbara Gionas was the only child in the 29 suspicious deaths, according to the Atlanta Report, that you had the direct care of.

A. Yes.

Q. And you had already indicated to us that you had Dr. Soulioti listen to her apex on the night of the 8th of March.

A. Right.



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2 Q. Now, the schedule given out
3 by Mr. Roland yesterday, and this is Exhibit 402,
4 Mr. Commissioner, indicated that Dr. Kobayashi was
5 the resident who was on that night. Now, can we
6 assume it was Dr. Soulioti who was in the room,
7 that it was actually Dr. Soulioti who was there that
8 night?

8 A. I can recall her being there
9 specifically.

10 THE COMMISSIONER: You say that Dr.
11 Soulioti was obviously - was noted in the chart to
12 have been at the arrest but was not the resident on
13 duty. You didn't say that, did you?

14 MR. LABOW: No, Dr. Soulioti was
15 definitely there.

16 THE COMMISSIONER: Yes.

17 MR. LABOW: And writes a note and was
18 at the arrest.

19 THE COMMISSIONER: Yes.

20 MR. LABOW: But I am asking whether
21 Dr. Kobayashi was there at all or if we can assume
22 that they switched that night and it was Dr. Soulioti
23 who was the resident on call?

24 A. I don't remember Dr. Kobayashi
25 at all. It is very clear that Dr. Soulioti was there.



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Q. Now, Dr. Soulioti was there and you asked her to listen to the child's apex because it was slower?

A. Yes.

Q. Did that give you any concern that night? I mean, was it slow enough for you to be really concerned about the child?

A. Not greatly concerned but Dr. Soulioti was in the room and I had noticed that there were pauses and it was slower. So, since she was there I just had her listen to the child's ...

Q. Now, was she concerned about what was going on?

A. No, she wasn't.

Q. Do you have any recollection what time that was?

A. I thought it to be after 10 o'clock.

Q. I think you already indicated that this was probably when the resident was in doing rounds?

A. Yes, that's correct.

Q. Is that about the time that the residents did their rounds?

A. She could be finishing up. I believe this night was a Sunday night, so, she could



1 very well be there later than usual because she would
2 have to finish up all the admissions of Sunday.

3 Q. What was the usual time that
4 residents did their rounds?

5 A. They didn't have a specific
6 time for doing their rounds or they weren't really
7 required to do rounds at night at all unless they
8 felt they needed to. Their rounds were really done
9 during the day, 8:30 in the morning and then they would
10 go around and see the child again in the afternoon if
11 needed and see the new admissions and transfers.

12 Q. Now, I can tell you, Mrs.
13 Trayner, that you had the care of this child not only
14 on the 8th but also on the 6th and 7th of March.

15 A. Yes.

16 Q. On the long night shift.
17 Could you look at page 73 of the chart. Now, from
18 your evidence yesterday you indicated that the nurse
19 who had the care of the child would read the child's
20 chart at some time during the night?

21 A. If there was time, yes.

22 Q. Now, some time during the
23 three nights that you had the care of this child do
24 you recall reading the notes from Dr. Kobayashi
25 on pages 73 and 74 indicating that his impression was
that there was digoxin toxicity involved with this



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child?

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A. No, I don't.

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Q. Do you recall not reading the

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chart at all during those three nights?

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A. I can't remember sitting down

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to read it. I remember Saturday night being very busy.

8

Q. Yes.

9

A. I really can't remember what

10

happened on the Friday night and Sunday I wouldn't

11

have had time to have sat down and read it until

12

later.

13

Q. So, you don't recall reading

14

the chart?

15

A. Well, as I said, Saturday

16

night was very busy for us, or for me, and this note

17

was done during the day. Unless I read the chart

18

before I went in to see Barbara, I don't know if I

19

really got a chance to sit down and read it that

20

night.

21

Q. Now, you also indicated that

22

it was the team leader's job to peruse the charts of

23

all the children on the ward?

24

A. Yes.

25

Q. Can we assume that the team

leader read the chart?



1

2

A. Yes.

3

Q. Is this something that would
have been brought to your attention?

4

A. It may have been, yes.

5

6

Q. Well, is this something
that should have been brought to your attention?

7

8

A. If there was a great concern,
yes, I would have known about it.

9

10

11

12

Q. Okay. Well, Dr. Kobayashi
seemed to have a great concern because he wrote it a
number of times. If he was concerned about that do
you recall doing anything special in the care of this
child?

13

A. No, I don't.

14

15

16

17

18

Q. Now, can you look at page
76. Your note at the top of that page for March 7th
indicates that Barbara had a very comfortable night
and that her respirations were much more regular and
easy, didn't appear to be in respiratory failure, her
apex was regular all evening?

19

A. Yes.

20

21

Q. Now, does that indicate to
you the child was doing quite well that evening?

22

23

A. It indicates that she had a
comfortable night.

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Q. Everything seemed to be regular and easy?

A. That I didn't have any major concerns for the child at the end of my shift.

Q. Now, notwithstanding the POMR form of reporting you still wrote down that everything seemed to be fine?

A. Yes.

Q. Now, when you came on on the 8th do you recall anyone bringing anything to your attention?

A. No, I don't.

Q. On page 77, also your note, you indicate that the apex was irregular and remained irregular through the night and that the ECG strips showed sinus arrest?

A. Yes.

Q. Did you bring that to anyone's attention?

A. I would have, that's what I told Dr. Soulioti.

Q. But not at 10 o'clock?

A. It was when she was on her rounds, I can't remember what time it was.

Q. Okay. Well, when she was on



1
10 2 her rounds and listened to the heart beat of this
3 child?

4 A. Yes.

5 Q. Because it was slower, was
6 that what you were referring her to?

7 A. Yes, as I said it was slower
8 with pauses in it and that's what sinus arrest is.

9 Q. And she didn't think that it
10 was terribly important or bad?

11 A. She didn't. I didn't perceive
12 it to be a great concern for her at that time, that
13 was more or less Barbara Gionas and she wasn't concerned
14 and the strip didn't pose a concern to her at that
15 time.

16 Q. Did you indicate to her that
17 the night before the child had been very comfortable
18 and the apex had been fine and everything seemed to
19 be okay?

20 A. Yes.

21 Q. And she still didn't have any
22 great concerns?

23 A. No, not really.

24 Q. Did you have any great concern?

25 A. No.

Q. Now, you go on to note that



1

2

she was restless and did not settle in nurse's arms.

3

Was that you or someone else?

4

A. That would have been me.

5

Q. Now, you then noticed that

6

she began to have problems at about 12:45, that the
team leader was notified?

7

A. Yes.

8

9

10

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G/DM/LN

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Q. And then within minutes of that her apex began to fall, she was noted to be bradycardic and a 23 was called .

A. Yes.

Q. When Dr. Soulioti returned did she have any greater concern for this child?

A. Yes, she did.

Q. Was she very concerned?

A. Yes.

Q. And aside from the treatment that you have noted, that this is the lasix -

A. And atropine, yes.

Q. Was there anything else done?

A. Dr. Soulioti intubated the baby.

Q. Now she got there very quickly no doubt, because at 12:45 the child began to have problems and the 23 was then called soon after, but by 1:00 o'clock the child was found to be in asystole.

A. Yes.

Q. So it didn't take Dr. Soulioti very long to get there?

A. No, it didn't.

Q. And then a 25 was called?



G2

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A. Yes.

3

Q. And the child died?

4

A. Yes.

5

Q. Was there any discussion after

6

this death with any of the doctors?

7

A. Not really. I thought at the

8

time that it wasn't a very aggressive arrest, but

9

from reading the chart the arrest did last for 45

10

minutes at least. I may have thought that Jordan

11

Hines was almost two and a half hours the night

before, but this arrest seemed to be shorter.

12

Q. So this arrest was shorter than

13

the Hines arrest, and that could be why you didn't

14

think it was --

15

A. A very aggressive arrest.

16

Q. A very aggressive arrest.

17

A. Yes.

18

Q. Do you recall discussing with

19

anyone the fact that the child seemed to take this

turn for the worse very suddenly from one shift to

20

the next?

21

A. No, I didn't.

22

Q. Do you recall anyone else bringing

that up?

23

A. No.

24

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G3

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Q. Now in Volume 29 at the preliminary hearing you were discussing this child with Mr. McGee, and you indicated that Dr. Soulioti was called at about 10:00 o'clock, and then it wasn't until about a quarter to 12 that she went into distress, and this is at page 68.

A. Right.

Q. So during the preliminary hearing you noted that she went into distress at 11:45?

A. Yes.

Q. But in your notes you indicate that it was at about 12:45, 0045.

A. That's right.

Q. Now do you have any recollection now whether she began having troubles at 11:45, or 12:45?

A. It would have had to be 12:45, I made a mistake.

Q. So you were mistaken at the preliminary enquiry?

A. I believe so, yes.

THE COMMISSIONER: I'm sorry, where is the 11:45 reference?

MR. LABOW: Page 65, at Volume 29.

THE COMMISSIONER: At what line?



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MR. LABOW: At line 27. It wasn't until about quarter to 12 that she went into distress.

THE COMMISSIONER: I see. Just turn for a moment to that page 77 of the chart, do you have the chart there in front of you Mrs. Trayner?

THE WITNESS: Yes.

THE COMMISSIONER: What is this reference to team leader, you were team leader were you not that night?

THE WITNESS: No, I was nurse in charge to take care of Barbara.

THE COMMISSIONER: You were also the team leader?

THE WITNESS: No Susan Nelles was team leader.

THE COMMISSIONER: Something has gone wrong with my record. This is the night of the 8th of March was it?

THE WITNESS: Yes.

THE COMMISSIONER: The 8th of March. I am looking at Exhibit 335A, and perhaps if I just look at 32A, or have I got that already?

MR. LABOW: Mr. Commissioner, Exhibit 32A tab 13 at page 153, and that is the night of March



G5

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8th, it indicates Miss Nelles was in charge and
doesn't indicate her having any patients that night.

3

4

THE COMMISSIONER: 153?

5

MR. LABOW: 153.

6

THE COMMISSIONER: You are quite right
it does, but that doesn't seem to be what it says on
Exhibit 335, or 335A, unless --

7

8

MR. LABOW: Mr. Commissioner, Miss
Thomson tells me that the WIN sheets are primarily
for the staff and the payroll situation.

10

11

THE COMMISSIONER: Yes.

12

MR. LABOW: And while Mrs. Trayner
wasn't in charge that night she was still a team
leader.

13

14

THE COMMISSIONER: Also it is not noted
in Mr. Lamek's famous Exhibit 383 either.

15

16

THE WITNESS: There is a little asterik.

17

THE COMMISSIONER: Is there?

18

THE WITNESS: Beside my name.

19

THE COMMISSIONER: Yes, that may put
you in charge of the child but that doesn't necessarily
mean you were not the team leader, you would still be
in charge of the child and be team leader as you were
several times.

20

21

22

23

THE WITNESS: Right.

24

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G6

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THE COMMISSIONER: Not with any of these children. Susan Nelles was the team leader. All right. Thank you.

Q. Now Mrs. Trayner, Miss Nelles has indicated, and this is Volume 124 at page 8186, that about this time, after the Gionas death which was the 4th death in about four days?

A. Yes.

Q. That she remembered thinking that they were in to a very bad time again, and she started to see some features recurring; that the deaths were in the small hours of the morning, in the presence of your team, and that the resuscitations didn't seem to be going anywhere. Do you recall her mentioning this to you, or to anyone else in your presence at about that time?

A. She may have, I really can't recall that.

Q. Do you recall any discussions about that time with your team, as a team.

A. We may have said something that night, I can't remember. I know that Saturday night was very exhaustive with baby Hines, and then with Barbara that something may have been said around the table, that, you know, that this has been



G7

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2

a terrible weekend.

3

Q. But nothing other than that?

4

A. I can't recall anything specific,

5

no.

6

Q. Now were you concerned after

7

Barbara Gionas had died that Dr. Soulioti had not been

8

terribly concerned at the beginning of the shift,

9

when you had indicated there was this sinus arrest

10

problem.

A. No, I wasn't concerned.

11

Q. Were you concerned that this

12

child had taken such a sudden turn for the worse after

13

having watched her the past two nights and not noted

14

anything terribly wrong?

15

A. Well she was more irritable on

16

that night than I recalled the Friday and the

17

Saturday, yes.

Q. So she was more irritable on

18

the night of the 8th?

19

A. Yes, and she wasn't feeding

20

very well.

Q. Did that cause you to wonder

21

what was happening?

22

A. Well I was concerned to the

23

point where I had asked Dr. Soulioti to, you know,

24

25



G8

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listen to her heart rate and I had given her my
assessment of what the child was, Dr. Soulioti was
not overly concerned about the child.

5

6

Q. Do you recall calling the parents
that night, would that be something that you would
have done?

7

8

A. I believe it was Dr. Soulioti
called them.

9

10

Q. But you don't recall speaking
to the parents at all?

11

12

13

A. I can recall speaking to the
parents one time during - it may have been on the
Saturday night, I don't believe it was the Sunday
night.

14

15

16

17

Q. Now after this child had died,
did you go to the - did you talk to anyone about the
fact that this was the first child who had died in
your care, you know, in a while?

18

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A. I don't believe so, no.

Q. Now this is the only child of
what we consider the suspicious deaths, who had died
in your care. In the nine month period that we are
concerned with, had any other children died while in
your direct care that you recall, I don't want their
names, I am just curious?



G9

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A. Just the one child that had died, Alan Perreault.

Q. So other than Alan Perreault who was expected to die, this was the only other child that died in your care?

A. I believe so, yes.

Q. Now was there any indication to you, from anyone, that this child was expected to die?

THE COMMISSIONER: Which one are we talking about?

MR. LABOW: Barbara Gionas.

THE WITNESS: Barbara Gionas?

Q. Barbara Gionas.

A. I'm sorry, Barbara Gionas. I can recall them being concerned that this child was ill but the details of are very vague.

Q. Do you recall any one saying that they expected this child to die?

A. I can recall Dr. Soulioti saying that she wasn't very surprised and I don't recall speaking to the cardiologists after.

Q. Did Dr. Soulioti indicate why she wasn't surprised.

A. Just that it was my understanding now that she really felt that Barbara was quite ill



G10

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and she wasn't surprised that the terminal events
had occurred.

3

4

Q. Now Mrs. Trayner, I have just
one other question. On the Saturday night that Dr.
Costigan came up and told you to hold the digoxin on
the ward.

5

6

7

A. Yes.

8

9

Q. Had he called before-hand, were
you expecting him to come up.

10

A. No.

11

Q. Or did he just come up?

12

A. We had drawn up the medications
and Dr. Costigan had just arrived on the floor.

13

14

Q. So you had drawn up the medications
they had been checked by Mrs. Bell?

15

A. Yes.

16

17

Q. And then Dr. Costigan came up
and told you to hold them?

18

A. Yes.

19

Q. Now you indicated that Janet
Brownless came out of the room, which I take it was
room 418?

20

21

A. Right.

22

23

Q. And said that Nurse Nelles wanted
to know what Dr. Costigan had said?

24

25



G11

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A. Yes.

3

4

Q. Do you have any indication as to how Nurse Nelles knew that Dr. Costigan had come up to talk to you?

5

6

7

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A. He was talking to us just outside the medication room, which is right beside 418 and she heard a Colm Costigan up and she knew that he was speaking to me, so she sent Janet Brownless out to find out what he was up there for.

10

11

Q. Because it was unusual to see him on the floor?

12

13

14

A. Well he wasn't the resident. I guess she just wanted to know what he was doing up on the floor.

15

16

17

18

19

THE COMMISSIONER: Dr. Costigan, was he Chief Resident.

20

21

22

THE WITNESS: He was an ICU Associate, so he did most of his work in the intensive care unit and he came to a lot of cardiac arrests because he was a member of the arrest team.

23

24

25

Q. Now do I take it that it was easy to hear what was going on around the nursing station, or around the medication room if you were in room 418?

A. Yes, you could.



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Trayner, cr. ex.
(Labow)

1745

G12

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Q. Was this a matter of hearing
what was going on, or could you also see what was
going on.



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A. It would all depend on where you were sitting. You couldn't see into the medication room. You could see out into the hallway. You could see into the dirty utility room. That is probably about as far as you could see.

Q. So someone sitting in room 418 or on the other side on 4B in I think what is room 431?

A. Yes.

Q. Would know what was going on around the nursing station and in the medication rooms?

A. They may have an idea of what is going on but they probably wouldn't have very clear. If somebody was talking there they probably wouldn't get the whole conversation. They may hear a few words.

Q. But they could hear if people were standing around outside?

A. Yes.

MR. LABOW: I have no further questions.

THE COMMISSIONER: Yes. All right, thank you.

We will take 20 minutes now.

--- Short recess



1
H 2 2 --- On resuming

3 THE COMMISSIONER: Yes, Mr. Tobias?

4 MR. TOBIAS: I stand here,
5 Mr. Commissioner.

6 CROSS-EXAMINATION BY MR. TOBIAS:

7 Q. Mrs. Trayner, good morning. My
8 name is Warren Tobias and I act for the family of
9 Baby Jordan Hines.

10 Before I begin I would like to make
11 two things crystal clear about my own cross-
12 examination. Firstly I have no intention whatsoever
13 of asking you to take any drugs, and secondly I have
14 no letters to produce for you and show you and ask
15 you to comment on.

16 A. Okay.

17 Q. So I won't do either of those
18 things; I promise you.

19 THE COMMISSIONER: Mr. Tobias, you
20 will probably lose your audience entirely.

21 MR. TOBIAS: As long as I don't lose
22 the audience directly in front of me, that is all I
23 am concerned about, sir.

24 Q. I would like to go over just for
25 a moment or two some of the general responsibilities
associated with the team leader's role. I understand



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that one of the things that would have characterized it a little bit differently than just an ordinary duty nurse is that there would be an element of administrative duty? Correct?

A. That is right.

Q. Okay. There would also be an element of responsibility for the individual duty nurses in ensuring that the patients were getting the best care and the appropriate care?

A. Right.

Q. So you would generally be there to oversee all nursing operations on the floor on your shift?

A. Yes.

Q. All right. And that would be more so I take it at night than during the day because at night the head nurse wasn't there?

A. That is right.

Q. So that at night you would in effect fulfill some of the obligations and responsibilities that might fall to the head nurse during the day. Do I have that correctly?

A. Yes.

Q. Now do I take it that there was also an element of backing up your other team leader?



H 4

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A. Yes.

3

Q. All right. In particular what

4

I am thinking of is this: we have seen situations,

5

several situations, where there might only be on the

6

long night nursing shift two registered nurses, and

7

there are examples over the nine month period where

8

one of those registered nurses was assigned to

9

constant or shared nursing care.

A. Yes.

10

Q. Now in that situation and if

11

your counterpart Bertha Bell on the 4B side were to

12

be taken away due to some emergency or she had to go

13

somewhere or make a phone call or go to the washroom,

14

if something came up on the 4B side you would, of

15

course, as a team leader on the 4A side, being the

16

only registered nurse there to assist, you would

17

have to go over to 4B and help in the particular

problem. Do I have that correctly?

18

A. If Bertha had, you know,

19

specifically asked me, sure, I could do that.

20

Q. Would that - I am sorry.

21

A. But if she was leaving the

22

floor for a few minutes or was going to be busy in

23

another room and I was at the desk and she was

24

expecting a phone call from one of the doctors, I

25



H 5 1
2 could be there to get the phone call and give them
3 the message. Or we had the central monitoring
4 system, that if something went wrong and there was
5 nobody there that, you know, one of our nurses could
6 go down and check out to see what was the problem,
7 or even just pick up the phone on the central
8 monitoring system and ask the child what they
9 wanted.

10 Q. All right. Now I take it if a
11 situation arose where the 4B team leader for any
12 particular reason didn't get an opportunity to tell
13 you she was going off the floor but someone from the
14 4B side came to you and said we have a problem,
15 could you come over, surely if you were the only RN
16 that was available because the others were on constant
17 nursing care, you would go over to the 4B side and see
18 if you could help out?

19 A. Yes.

20 Q. All right. And it is in that
21 sense that there was an element of backing up I take
22 it?

23 A. Yes.

24 Q. Do I take it therefore that
25 there was some element as a matter of practice on
just about every shift of having a general discussion



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with your counterpart on 4B as to what was happening on the 4B side over that shift and if there were any problems with particular patients, et cetera?

3

4

5

A. The discussion would be if they had a concern for a child or if I had a child that I was concerned for, if we knew that a child was on shared care or constant care or vice versa, Bertha Bell may ask, you know, how the child is doing.

6

7

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Q. All right. Now I believe you told Mr. Lamek the other day that in fact 4A and 4B took report in different rooms?

11

12

A. Yes.

13

14

Q. So it would be some time shortly after both sides had received report that you might then have some communication with Bertha Bell as to what was going on the 4B side?

15

16

A. Yes.

17

18

Q. All right, fine. So I take it therefore that given that sort of intermingling if I can use that word of responsibilities, and I use it in a very loose and informal sort of sense, but given that sort of interaction there would be nothing unusual, would there, about you being on the 4B side or Bertha Bell being on the 4A side checking in on patients and taking a look at them?

19

20

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A. No, there is nothing unusual.

3

Q. And you also mentioned the

4

other day that it would be part of your responsibility

5

as the team leader on the 4A side to be aware of what

6

was in the charts of 4A patients, and that would not

7

necessarily be part of your responsibility on the 4B

8

side?

A. That's right.

9

Q. Do I have that correctly?

10

A. Yes.

11

Q. All right. But again there

12

would be nothing unusual or nothing suspicious about

13

Bertha Bell referring to a 4A chart, or vice versa;

14

you referring to a 4B chart?

A. If there was a need to, sure.

15

Q. Well, let me put it this way,

16

and I put it this simply: if you had noticed Bertha

17

Bell looking through a 4A chart, is that something

18

you would automatically question her about and say,

19

"What are you doing, that's a 4A chart"?

A. No.

20

Q. So it wouldn't strike you as

21

being anything unusual; you wouldn't necessarily raise

22

it with her?

23

A. I don't think so.

24

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H 7



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Q. Okay. Fine. And in fact --

3

THE COMMISSIONER: Sorry. Excuse me.

4

Did you ever see her doing it?

5

THE WITNESS: I can remember her

6

looking at Paul Murphy's chart, but that was a child

7

that was a child that was, you know, known to --

8

THE COMMISSIONER: Known to all of

9

you, I suppose having been there for years?

10

THE WITNESS: Yes.

11

THE COMMISSIONER: Did you ever

remember Bertha Bell looking at a --

12

THE WITNESS: During the nine month

13

period?

14

THE COMMISSIONER: Yes.

15

THE WITNESS: I can't specifically

recall.

16

THE COMMISSIONER: Or do you ever

17

remember yourself looking at a 4B chart? Mind you

18

if you were asked to look at it that's quite

19

different, but I meant looking at it.

20

THE WITNESS: Just picking it up?

21

THE COMMISSIONER: Just picking it

up and looking at it?

22

THE WITNESS: No.

23

MR. TOBIAS: Q. Now I take it that

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as part of the administrative function you had to be aware at all times of what your nursing assignments were?

4

A. Yes.

5

6

Q. On your shift. And I also take it again as part of this interaction between the two wards, and let's just talk about that for one moment, although administratively it was two wards, really we are talking about one ward here, are we not?

9

10

A. Yes.

11

Q. Both on the same floor, sort of mirror images of one another?

12

A. Right.

13

14

Q. Now as part of the administrative interaction I would take it you might generally be aware or have some degree of knowledge about what the nursing assignments were on the 4B side as well?

15

16

17

A. I don't think I would be aware of what nurse had what patient.

18

19

Q. All right. That's a much more specific kind of knowledge than I was postulating.

20

21

What I meant is that you would have some knowledge of what one or two nurses might be doing, who they

22

might be looking after. You would have some element - it is not something that you would be totally in the

23

24

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H 10

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dark about, is it?

3

A. If I enquired about it I would

4

know about it.

5

Q. And did you on occasion from

6

time to time find it necessary to enquire?

7

A. There was the one time when

8

Susan Nelles, one of my team members, was over on
4B.

9

Q. All right. And what about when

10

it wasn't an enquiry going to where one of your

11

nurses was on relieving on 4B? Would there ever be

12

any occasion where you might generally make an enquiry

13

of Bertha Bell as to what the structure of her

14

assignments were that night?

15

A. I don't think so.

16

Q. How about in the situation where

17

you were overburdened on 4A and you might need some-

18

one just to come on, not to formally relieve, but just

19

for a minute or two? Certainly you would go to

20

Bertha Bell first, wouldn't you, and say can you spare

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A. Yes.

22

Q. And to that extent you would

23

have to have some knowledge, some degree of infor-

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mation regarding what assignments the 4B nurses had?

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A. I don't know if I would have any knowledge. All I would know is that that nurse that Bertha was going to lend me was free at that time.

Q. Okay. That's fair. Now we have also heard evidence that from time to time if it became necessary and provided you had the manpower you could change nursing assignments and rearrange them?

A. Yes.

Q. And that was part of your administrative responsibility?

A. Yes.

Q. So is it fair to say that basically with respect to the position of team leader itself a team leader had certainly almost unlimited access to patient information, did they not?

A. Yes.

Q. And as well they had a fair degree of access to patients themselves?

A. Yes.

Q. Okay fine. Now you indicated to Mr. Lamek in your examination in chief the other day and Mr. Hunt engaged you in particular in a very



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long discussion on the topic of whether or not it had ever occurred to you that perhaps someone was trying to mimic your schedule. And I believe they put it rather crudely. They were trying to set you up or to frame you. Do you remember that discussion?

A. Yes.

Q. And you indicated that, yes, that certainly had occurred to you; you had given it some thought?

A. Yes.

Q. Now correct me if I am wrong: the entire series of events from particularly March 25th of 1981 right up until today have been a tremendously traumatic period during your life, have they not?

A. Yes.

Q. And one that caused you tremendous anxiety and concern?

A. Yes.

Q. I would imagine that - I would imagine that it has been very difficult for you to think about anything else really other than that? Is that correct?

A. Up until a point, yes.

Q. Well, what I am saying is this:



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life must go on.

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A. Yes.

4

Q. You're a wife, you're a mother,

5

you have responsibilities. You have got to do other
things and you have got to think about other things.

6

A. Yes.

7

Q. But I am sure that the anxiety

8

and the concern that you have had has been something
that almost on a daily basis is in the back of your
mind. Is that fair?

10

11

A. It has been at the back of my

12

mind, yes.

13

Q. Okay. Fine. And I take it

14

therefore that the entire series of events as a whole
is something that you have weighed and you have
thought about considerably and cast about in your
mind and analyzed?

15

16

17

A. Yes.

18

Q. Now in terms of this thought

19

that came to you at some point, and I think in
fairness to you your evidence was you are not sure
when it came to you, that once the thought came to
you that perhaps someone was trying to mimic your
schedule, you surely must have given some thought to
why would anyone want to do that to me. You must

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have given some consideration to motive. Am I
correct?

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A. Yes.

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Q. Is there any motive that you
came to a conclusion about? Is there anything that
you can think of why someone would try and do this
to you?

8

9

A. No, I haven't.

10

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Q. Well, let me suggest one to
you. Is it possible that some person for some reason
unknown to you and certainly unknown to me might in
some way wish to hurt you professionally, to dis-
credit you, to discredit your abilities as a nurse?
Is that possible?

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A. That's a possibility that has
crossed --

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Q. I am sorry?

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A. That's a possibility that has
crossed my mind.

Q. Okay. Fine. And you have
given that some thought?

A. Yes.

Q. And what we know from the
evidence is this: of all the deaths that occurred
between June 30th and March 22nd only two of those



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children were in your care.

3

A. Yes.

4

Q. Do I have that correctly?

5

I believe one was Baby Gionas?

6

A. Right.

7

Q. And the other one was Alan
Perreault?

8

A. Right.

9

Q. And Alan Perreault in fact was
a very ill baby who had a do not resuscitate order?

11

A. Yes.

12

Q. On the other hand the evidence
has shown us that there were 12 out of the 29
Category A and B deaths in which Susan Nelles was
caring for that child?

15

A. Yes.

16

Q. All right. Now has it crossed
your mind to wonder why someone who might want to
discredit you would want to interfere with or do harm
to babies who weren't in your care? If they wanted
to discredit you wouldn't you think, if I can use a
crude term, wouldn't they be picking on babies who you
were actually caring for and responsible for?

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A. Well, I saw myself as a team
leader and being responsible for all the children on

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my floor, under my care.

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Q. But you agree with me that by harming a baby who was in the care of another registered nurse, Sui Scott or Susan Nelles, that really wouldn't be reflecting on you personally. I mean certainly in your role as team leader you weren't a policeman, were you?

A. No.

Q. You had no responsibility to protect the children from harm?

A. That is right.

Q. Why did that, if they chose babies who were there when you were team leading, why would that reflect upon you?

A. Just as being a team leader, being a new team leader.

Q. All right. Now there has been some talk here as I am sure you are aware from media reports and from various information you may have received from your Counsel that during the nine month period in which we are concerned and beyond that further on right up until the time of the preliminary hearing, that you were somehow preoccupied, if I can use that word, with the whole question of the baby deaths and the cardiac arrests. You are obviously



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aware of that. You followed it in the media I take it?

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A. Yes, I did.

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Q. All right. And you said something very interesting the other day to Mr. Lamek. You said that you really weren't aware of it; you weren't aware that you were harping on the subject and you certainly didn't see yourself in that way.

9

A. Yes.

10

11

12

13

Q. Now accepting that would you agree with me that really what other people have said about your reactions, that is really a question of what perception of you they had, isn't it?

14

A. Yes.

15

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Q. And in fact you made that point the other day to Mr. Hunt, so that we can't really say, or more correctly you can't say that those people having expressed that opinion that they were right or that they were wrong or that it was so or that it was not so because it is a matter of how others perceived you, for reasons that apparently only they are aware of. Would you agree with that?

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A. Yes.

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Q. It is really a question of perception and therefore we can't really quarrel can we with the perception, we merely have to take their perception at face value for whatever the perception may be worth?

A. That's right.

Q. Now, you indicated that on the long night shift of March 7th and 8th, which was, let me refresh your memory, that was a Saturday night and Sunday morning?

A. Yes.

Q. And that's the night in fact that Jordan Hines arrested?

A. Yes.

Q. And you recall the resuscitation, we have heard that it was a very long one. Now, you indicated that the only time earlier on that shift, I am talking now particularly before midnight that you would have been on 4B, in fact, your evidence goes further, you said the only time that you would have been on 4B prior to the Hines arrest was when Mary Jean Halpenny asked you to check a baby named Joshua?

A. Right.

Q. And your recollection as I recall was that you were there twice?



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A. Yes.

3

Q. You went in once with Mary

4

Jean to check the baby?

5

A. Yes.

6

Q. Looked at him?

7

A. Yes.

8

Q. Decided that a doctor had

to be called?

9

A. Yes.

10

Q. And then went back in?

11

A. When Dr., I think it was

12

Dr. Kobayashi, came up I was with him and Meredith Frise.

13

Q. Okay.

14

A. For a few minutes.

15

Q. Now, let's talk about the

16

first occasion that you went into the room. At that time you were with Mary Jean Halpenny?

17

18

A. Right.

19

Q. How long did it take you

to look in on the baby?

20

21

A. Well, we assessed the child,

22

listened to the child's heart rate, counted his

23

respirations, observed his colour. I think we checked

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to see what his skin was like, if he was dehydrated,

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we had a conversation at the bedside over the baby.
I think we may have put him in some oxygen at that
time and then we had discussed what the plan of action
would be then about calling the doctor or seeing if
the oxygen would help.

Q. So, I take it therefore that
all of that would have taken more than just a few
moments, one or two minutes?

A. It probably took about five
minutes.

Q. Okay.

A. You know, to discuss it.
And then we went back out to the nursing desk.

Q. Now, when you went in that
first time and you did all of those things was Mary
Jean Halpenny with you at all times?

A. Yes.

Q. There was no point when she
left the room and you were there alone with the baby?

A. No.

Q. Now, if I can just ask this
question. Referring to this chart, Exhibit 337, the
infant room on the 4B side is Room 431?

A. Right.

Q. Now, can you show me, you



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mentioned in your direct evidence that what you did
notice was Hines' monitor, that he was by the door.

3

4

A. Yes, right.

5

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Q. Can you just point out for
me on the chart where in the room he would have been,
where would have his crib have been?

7

A. Joshua or Jordan Hines?

8

Q. Jordan Hines.

9

10

A. He was at the first bed here,
so, the first one in.

11

12

Q. So, he would have been against
the right wall as you come through the door and he
would have been the first one in?

13

A. Yes.

14

15

Q. Do you recall how many
babies were in the room with him that night?

16

17

A. I think there were three on
that side.

18

Q. Yes.

19

20

A. And there was someone beside
Baby Hines but I don't know if it was a full six or
five.

21

22

23

Q. My information, if it assists
you, from the assignment sheet is that there were five
babies, Baby Ho, Hollander, Silva, Baker and Hines.

24

25



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A. Okay.

3

Q. So, there were five in all;

4

three on this one, being the left wall as you enter
the room?

5

A. Yes.

6

Q. And you think two on the right
wall?

8

A. I think so, yes.

9

Q. And it would have been Hines

10

who was closer to the door and the other baby who was
closer to the window?

11

A. Right.

12

Q. Now, the three on the left
wall, where would Joshua have been?

13

14

A. He was right in the middle.

15

Q. Right in the middle?

16

A. Yes.

17

Q. So, he was across and just a

18

few feet down into the room from Hines?

19

A. Yes.

20

MR. ROLAND: Mr. Commissioner, I would

21

ask Mr. Tobias not to refer to the other babies at

22

least by their surnames. We have been through this

23

before and I am sure he didn't do it intentionally

24

but this is being broadcast live.

25



Trayner, cr.ex.
(Tobias)

1768

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THE COMMISSIONER: This is a problem,
Mr. Tobias.

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MR. ROLAND: And I would ask him not
to refer to them by their surnames.

5

6

MR. TOBIAS: I think that it is a
problem and it is entirely inappropriate and it was
inadvertent and I apologize, I will not do it again.

7

8

THE COMMISSIONER: Yes.

9

10

MR. TOBIAS: And thank you, Mr.
Roland.

11

12

Q. Now, the second time that
you went in after Dr. Kobayashi came up to the floor
how long after the time that you first left would that
have been, approximately, if you can recall?

13

14

15

A. It may have been 20 minutes,
a half an hour I think.

16

17

Q. Okay. Now, again, you
accompanied Dr. Kobayashi into the room?

18

19

A. Yes.
Q. And did Mary Jean Halpenny
come with you?

20

21

22

A. I don't believe I accompanied
him in. Mary Jean was, as I remember, Dr. Kobayashi
was already in the room.

23

24

25

Q. I see.



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A. And Meredith Frise was there?

3

Q. Yes.

4

A. And Mary Jean was going into
the room and I went in with her and took the chart in.

5

6

Q. So, you went into the room
that second time again in the company of Mary Jean
Halpenny?

8

A. Yes.

9

Q. And Dr. Kobayashi was there?

10

A. Yes.

11

Q. Now, on that second time do
you recall if Sui Scott was in the room?

12

13

A. No, I have a clear recollection
that Dr. Kobayashi was there, myself, Mary Jean and
Meredith Frise. I can't recall Sui Scott.

14

15

16

Q. All right. Now, let me
understand this. You are not telling me that you
have a clear recollection that she wasn't there,
you just can't recall her being there?

17

18

A. That's right.

19

20

Q. Okay, fine. Let me ask the
same question about the first time you went in with
Mary Jean Halpenny, do you have any recollection of
Sui Scott being there that first time?

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A. No, I don't.

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Q. Okay. And again you mean that answer in the same vein, you don't have a clear recollection that she wasn't, you just can't recall her being there?

A. Right.

Q. Okay, fine. So, the first time you went in you were with Mary Jean Halpenny?

A. Yes.

Q. The second time you went in you were with Mary Jean Halpenny and Dr. Kobayashi?

A. Yes.

Q. Now, at any time during that second stay did Dr. Kobayashi leave while you were still there or was he with you at all times?

A. No, I think he started an intravenous.

Q. Yes.

A. And I think he left to write up some orders and I was left with Mary Jean and Meredith Frise.

Q. Now, at any point during that second visit did Mary Jean Halpenny leave the room, leaving you alone at the baby's side?

A. No, she didn't.

Q. So, we know this much. We



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know that on both of these occasions that you have referred to, you were in either the company of Mary Jean Halpenny or Mary Jean Halpenny and Dr. Kobayashi?

A. Yes.

Q. There was no time that you can recall that you were alone at the bedside?

A. No, there wasn't.

Q. All right. Now, the reason why I have some difficulty with that, I am sure you will understand, is that Sui Scott has given evidence at the Commission, and I have the reference for you if Mr. Strathy wishes to put it to you, but I will try and summarize it fairly. I believe Sui Scott's evidence was that she noticed you in Room 431 at the Hines' bedside, not Joshua's bedside but Hines' bedside, some time between 10 and 11. I asked her in my cross-examination what you were doing and she said you were just looking at the baby.

A. Mmm.

Q. Now, you can agree with me of course it is obvious Scott's version is quite different from the version that you have just given me.

A. Yes.

Q. Okay. And if Scott is correct,



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and I put it no higher than that, only if she is correct she has to be referring to a different event than the event that you just described to me. Do you agree with that?

6

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A. Either that or when I was leaving the room I remember remarking on Jordan Hines' cardiac monitor.

8

9

Q. Yes.

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A. And I was standing there, it could be the time that she saw me standing there.

10

11

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Q. Well, I did think of that, Mrs. Trayner, and I went back to her evidence but the problem is this. You seem to have a fairly clear recollection that on the occasion you have described for Mr. Lamek and again for me today you were at all times in the company of Mary Jean Halpenny. Sui Scott says that you were standing at the bedside alone.

17

18

A. Was Sui Scott in the room as well?

19

20

21

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Q. Yes, she was with you, it was you and Sui Scott, she came in as you were at the bedside. Now, again, I put to you the same question. Given that additional fact it is likely that if Scott's recollection is correct she had to be referring to another occasion. Can we agree on that?



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A. Well, she would have to be but I wasn't in the room after my time with Joshua.

Q. Now, regarding Scott's evidence, clearly on the evidence that I just put to you, I take it that you have no recollection of being alone in 431 at the Hines' bedside between 10 and 11?

A. No, I wasn't.

Q. All right. So that we know that your evidence and her evidence are at odds on that one point. Are you suggesting that it didn't happen, are you suggesting that Scott would make it up or are you simply saying if it did happen I have no recollection?

A. Well, I was standing by the cardiac monitor. Now, that was the time when Mary Jean Halpenny had asked me to come in, I was in there on two occasions. Both occasions when I was in the room there was somebody in the room and in fact I think Susan Reaper at the time I was, you know, near the cardiac monitor was with the baby, Baby Hines.

Q. But again that would have been with Mary Jean Halpenny, would it not?

A. I went in with Mary Jean Halpenny. She may have just been settling Joshua and I was leaving the room but when I did go in I was



12 1 asked to come in. To say that Sui Scott is lying, I
2 can't say that.

3 Q. Well, can we go this far
4 together. You have no recollection of another
5 different time you were in that room other than what
6 you have told us?

7 A. That's right.

8 Q. And the only explanation you
9 can give me is that maybe on your way out you stopped
10 to look at the Hines' monitor and that's what Sui Scott
11 is referring to?

12 A. Well, I did do that, yes.

13 Q. And how long were you looking
14 at the monitor for?

15 A. Well, I looked at the monitor
16 and I spoke to Susan Reaper. So, a minute, a couple
17 of minutes.

18 Q. All right. And when that
19 happened, when you went up to the monitor, did you
20 go right up to the bedside?

21 A. No. As I remember the
22 bed is in the corner and the cardiac monitor was out
23 a bit from the wall.

24 Q. Just one moment, sir. I
25 am sorry, could you repeat that. Did you have to go



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right up to the bedside?

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A. No.

4

Q. All right, I believe your
evidence the other day, this is at Volume 130, page
341:

6

"A. No. The time I saw him, ..."

7

This is at line 15:

8

"A. No. The time I saw him, ..."

9

referring to Hines:

10

"...I didn't really see him at all,
I saw the cardiac monitor that had
caught my eye.

11

12

13

Q. And I take it you didn't spend
a matter of minutes looking at even his
monitor on that occasion?

14

15

A. I spoke to Sue Reaper at the
time I saw the monitor, Susan Reaper
was with the baby."

16

17

18

Now, is that a clear recollection
that at that time when your eye caught the monitor
Susan Reaper was there?

19

20

A. Yes.

21

22

Q. All right. Now, again, I
suggest to you, and I am sure Mr. Strathy will correct
me very quickly if I am wrong, on Scott's version she

23

24

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1
2 doesn't recall anyone else being there, neither Mary
3 Jean Halpenny or Susan Reaper. Can you help me with
4 that difficulty?

5 A. No, I can't.

6 Q. Okay, fine. Now, on that
7 evening, and I want to be very specific about this,
8 it was Mary Jean Halpenny who was the 4B team leader?

9 A. Yes.

10 Q. And regardless of the fact
11 that Susan Reaper was assigned to the baby it was Mary
12 Jean Halpenny who had ultimate responsibility for that
13 baby, correct?

14 A. Yes.

15 Q. So, there is nothing strange
16 or unusual at all about her asking you to come over and
17 take a look at Joshua because you were a fairly senior
18 nurse and the 4A team leader?

19 A. Yes.

20 Q. Okay, fine. That night
21 the assignment book tells us that you did have patient
22 assignments on 4A?

23 A. Yes.

24 Q. Now, I take it that your
25 state of knowledge at the beginning of that shift,
March 7th to 8th, was very very little about Jordan



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2

Hines?

3

A. Well, I knew nothing about

4

Jordan Hines.

5

Q. Okay. I mean, can we go this

6

far together. You knew he was there, didn't you?

7

A. I didn't know his name.

8

Q. Okay, fine. You just knew he

9

was one of the babies there, you didn't know his name,
you didn't know anything about his condition?

10

A. Right.

11

Q. Okay. You had no responsibility

12

for him surely at all?

13

A. No, I didn't.

14

Q. Okay. Am I correct that that

15

evening Susan Nelles would have been team leading on
4A?

16

A. Yes, she was.

17

Q. Okay, fine. Now, if Scott

18

was right, and I only put it that high, if she was

19

right and if there was another occasion that you can't

20

recall where you would have been in alone standing at

21

Hines' bedside watching him can you think of any

22

possible explanation why you would be doing that?

23

A. No, I can't.

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Q. You also indicated, and I have just read you the passage that at the time that your eye caught the Hines monitor you stopped and you spoke to Susan Reaper; do you recall that discussion at all?

A. Yes.

Q. Okay, tell me what the discussion was about?

A. I just remember that the monitor was reading very high, I thought it was about 180 or 190. I can remember asking Susan Reaper is that what his heart beat was doing 190, and her response was probably not that high, the monitor is reading funny tonight, he does have a high heart rate but it drops down fast. That was about all. She had him in her arms at the time I remember, I believe she was feeding him.

Q. Are you in a position at all to help us with what time that would have been approximately.

A. Before midnight.

Q. And when you use that time frame I take it you are comparing it to your use, or using some signpost perhaps the 12 midnight vitals that had to be taken.

A. Yes.



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Q. You recall it was before then?

A. I believe so, yes.

Q. And you are telling me that what it was that you particularly noted was that the apex was somewhat high?

A. Yes.

Q. The monitor was reading high and she indicated to you that that wasn't the problem?

A. Yes.

Q. And did you observe the monitor long enough to be able to tell whether or not the heart rate was regular?

A. No, I didn't.

Q. So you have no information on that for us at all?

A. No, I don't.

Q. Now you have already told us here and you had told Mr. McGee, I believe it was at the preliminary hearing, that one of the things you most clearly remember about baby Hines was his resuscitation effort?

A. Yes.

Q. And you have already given evidence that that was a two and a half hour resuscitation effort?



J3

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A. I believe it was, yes.

3

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Q. Now certainly by that time, by March 7th, the 8th of 1981, you had been involved at that point in well over 10 resuscitation efforts?

5

6

A Yes.

7

Q. All of them unsuccessful?

8

A. Yes.

9

10

Q. In fact have you ever been involved in a successful resuscitation effort?

11

A. Have I, in the nine month period?

12

Q. You personally, well, at any time, even up until today?

13

A. Yes I have.

14

Q. And is that Estrella?

15

A. It could be Estrella and there was one child on 5A.

16

17

THE COMMISSIONER: I thought we decided Janice Estrella was not a resuscitation effort, did we not?

18

19

THE WITNESS: Well I believed her to be a respiratory arrest so she was critical at the time.

20

THE COMMISSIONER: Yes.

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Q. Well dealing only with the categories A and B deaths, we know from the Atlantic Report that you were present for all of those. At

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that time you had been involved in 21 in the nine month period by my count. Do you recall any of those efforts lasting that long, two and a half hours?

A. No.

Q. So to that extent this resuscitation effort was quite unusual and that is precisely why you remember it so good?

A. That and what had happened during the cardiac arrest.

Q. Is this regarding the pacemaker?

A. Well, we had gotten Jordan Hines

--

Q. No, no, I'm sorry to cut you off, I apologize. I don't want you to tell me about that now. I am just saying, your answer was "yes", that being of the length and what had happened during, when you referred to what had happened during are you referring to the pacemaker incident, or something else?

A. Something else

Q. What is this something else that helps you remember?

A. That we had started working on the baby and we had got a heart rate on the child and we were going to try and transfer this baby back



J5

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to the intensive care unit.

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Q. So it was the length of the
resuscitation effort and the fact that it came
pretty close to being successful in fact.

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A. Yes.

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Q. Which makes you be able to
recall so well?

9

A. Yes.

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Q. Now how long generally do the
resuscitation efforts run?

A. At least over half an hour and
up to an hour, the average is usually 45 minutes I
think.

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Q. In fact we have heard other
evidence here that the average is about 30 to 40
minutes, I guess that is pretty close to what you
have just said, isn't it?

17

A. Yes.

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Q. Now you had not been personally
involved in a resuscitation effort as long as the
Hines effort. Had you ever heard at that time of a
resuscitation on a baby, a neonate under 30 days old,
going on for that long?

22

A. No.

23

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Q. And you have also told us that



J6

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in effect the baby did give some response to the
efforts that were being made?

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A. Yes.

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Q. And I believe your evidence at
the preliminary hearing was that you almost got
him back twice?

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8

A. Yes.

10

11

Q. Maybe even three times, and
that you were getting ready to transfer him to the
ICU when you lost the rate again, is that correct?

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A. We were hoping that we would
get the child down to the intensive care unit.

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Q. Is it fair to say that one of
the reasons that the effort went on so long was
precisely because you seemed to be having some
success?

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A. Yes.

Q. And is it also fair to
characterize it this way; that you didn't know this
at the time, but you may have found out later, Hines
was really a very good candidate for resuscitation
because the baby wasn't regarded as being critically
ill, he wasn't expected to arrest, now is that fair?

A. That's fair.

Q. Now we have heard from at least



J7

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three witnesses before you Mrs. Trayner, and these witnesses were Meredith Frise, Kathy Coulson and Susan Nelles, about the incident that occurred during the Hines resuscitation effort centering around the doctors calling for a pacemaker?

A. Yes.

Q And you fairly have given us your own version of what happened in quite an amount of detail. Do you recall, regarding this discussion, how long did it go for?

A. About the pacemaker?

O. Yes.

A. As I recall, the doctors - it was just after the time that we had gotten the baby around and they were thinking that maybe they had a slow heart rate and blood pressure and I think one of the doctors had suggested the pacemaker.

Q. Yes.

A. And they had not even asked for the pacemakers yet, it was something that the nurses, Susan and myself had heard that maybe we had better go and get them in case we needed them and they were still discussing it at this time. I thought that it was Susan that had run out to get the pacemaker wire and she came in with the wrong equipment and I told



J8

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her that it was the box that we needed.

3

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Q. Did she agree with you immediately that it was the wrong one?

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A. I think she said "no this is what they need", or I think "this is what they wanted". I said "no, that is not what they want, they want the little box", so they could hook up a rate and a voltage to it.

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Q. Right.

A. It is not very clear if I sent Susan back out herself to go and get it and I told her where it was, or if I ran out myself and got it. There was a discussion, I can recall Dr. Costigan saying shortly after that that they were going to put the pacemaker in, and Dr. Costigan

15

16

saying: "well, come on girls, settle down, get back to work", or "let's do it", and the discussion --

17

18

Q. Let me ask you this. I'm sorry, I interrupted you, continue.

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A. The media had made such a big deal out of it, but I really believed it to be only a couple of minutes at the most.

Q. Your recollection is only a couple of minutes. Now in fairness, that is much closer to Kathy Coulson's estimate, and Susan Nelles's



J9

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estimate than Meredith Frise. Meredith Frise gave
evidence at the preliminary hearing that it went on
for 20 minutes.

5

A. No.

6

Q. You say absolutely not, it could
not have gone on for that long?

7

A. No, it didn't.

8

9

Q. Let's just think about what you
have told us for a minute. You think that it was
Susan who went out to get it?

10

11

A. Yes.

12

13

Q. You told her, "no, that's the
wrong one"?

14

A. Yes.

15

Q. She said "no, it's not, it's the
right one".

16

17

A. Yes.

18

19

Q. And then apparently you gave
her some indication of why it wasn't the right one,
and that second time you told her "no it isn't the
right one". Did she agree with you then or did she
continue to discuss it?

20

21

22

A. No, she went out and brought
in what I told her to bring in.

23

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THE COMMISSIONER: Either she did or you
did, you are not sure?

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J10

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THE WITNESS: That's right.

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THE COMMISSIONER: You now think it

4

was Susan?

5

THE WITNESS: At the preliminary I

6

thought it was Susan, I still believe it to be Susan
that went out.

7

Q. Now can we agree with this?

8

However long it may have been it was long enough and
it was sufficiently verbal for Dr. Costigan to have
noted it?

10

11

A. That's fair.

12

Q. And how does one actually insert
a pacemaker, how does that work?

13

14

A. There is the little electrodes

15

and they were just going to put the electrodes

16

through the skin and go into the pericardium and

17

just touch the heart and see if that would help the
child.

17

18

Q. Does that require any surgical

19

technique to insert it through the skin into the

20

pericardium, do they have to open the chest or any

21

thing like that?

22

A. No.

23

Q. And does that take very long to

23

do?

24

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J11

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A. No.

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Q. So in other words, correct me

4

if I am wrong, as I understand it you insert the

5

wires into the pericardium?

6

A. Just the top of the heart, yes.

7

Q. And then there are wires extending

8

out from the body and a pacemaker is then hooked up to
it?

9

A. Yes.

10

Q. And that helps the electrical

11

impulse and the heart to put out a heart beat?

12

A. Yes.

13

Q. And your feeling is that getting

14

the child, getting the wires on the body, that is

15

not a time consuming procedure?

16

A. No.

17

Q. Okay, fine. Do you recall

18

Dr. Costigan asking you to calm down, do you recall
those words being used?

19

A. No, I don't.

20

Q. I think I should tell you --

21

THE COMMISSIONER: Settle down was what
she said.

22

23

MR. TOBIAS: Settle down is what this
witness said, that is fair Mr. Commissioner.

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J12

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THE COMMISSIONER: It is pretty much
the same, is it not? No, you think not.

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MR. TOBIAS: Well let me just, before
I answer that, I have been asking the questions for
so long that I am not very good at answering them
right now.

10

11

Q. I think I am obliged to tell
you Mrs. Trayner that that was what Kathy Coulson
recalled you saying.

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THE COMMISSIONER: Calm down as opposed
to settle down.

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MR. TOBIAS: Calm down, right.

Q. Now one way or the other,
whether it was calm down or whether it was settle
down, or whether it was some other similar phrase,
you agree that it was necessary for him to say that
the discussion at that point must have been a fairly
agitated discussion for him to take note and ask you
to settle down.

23

24

25

A. Well I would agree that he
probably had the discussion. I would also agree that
you know, he did say that. Now whether it was
disturbing to him, or it was that loud that he felt
he had to remark on it, I can't say that.

Q. Clearly you recall he was



J13

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working on the baby?

3

A. Yes.

4

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Q. I mean that was the whole point
of him being there, he was a doctor?

6

A. Yes.

7

Q. And it was necessary for him to
look up and ask you to settle down?

8

A. Yes.

9

10

11

Q. Now to your knowledge did anyone
else who was at that resuscitation effort find the
discussion in any way disturbing or annoying?

12

A. No.

13

14

Q. So you were not aware of anyone
else being bothered by it?

15

A. No.

16

17

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21

Q. Do you recall Kathy Coulson,
who was night supervisor that night, after the Hines
resuscitation effort was over coming to you and
Susan Nelles and having a discussion with you about
the incident. Do you recall any discussion that
night or that shift with Kathy Coulson about the
incident?

22

A. No.

23

24

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Q. So you have no recall of what
she might have said or what you might have said, you
just don't recall it at all?



J14

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A. I know what I did right after
the arrest and Kathy Coulson wasn't there with me.

Q Now again I ask you the same
question that I asked you earlier. Kathy Coulson
indicated that yes she did have a discussion with
you, and that she mentioned to you and to Susan
Nelles that she felt that in the context of an arrest
situation the behaviour was inappropriate. Now if
her recall is correct, and I put it only that high,
if it is, you are not suggesting that she is making
that up, are you, it's just something that you don't
recall yourself one way or the other.



K/EMT/ko

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A. I don't recall her, talking to her that night at all after the arrest.

Q. All right. My point is simply this, if you don't recall you can't tell us definitively that it didn't happen; that discussion may have taken place, you just don't recall it. Is that fair?

A. Well --

THE COMMISSIONER: No, that doesn't necessarily follow because you may recall that it didn't --

MR. TOBIAS: All right.

THE COMMISSIONER: You see that's the difficulty.

MR. TOBIAS: Let me frame the question that way.

Q. Do you have a clear recollection that the conversation did not take place or are you telling me you just don't recall such a conversation taking place?

A. I have a clear recollection that I did not speak to her that night.

Q. How can you be so sure about that?

A. Because after the arrest it was



K 2
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2 early in the morning; I had to - I still had three
3 children in room 418 that I had to care for that
4 Mrs. Christie was taking care of now. I had charting
5 that I had to get done. I had to clean up the room
6 in 418 and I can recall leaving right after my shift
7 was over and not speaking to Kathy Coulson at all.

8 Q. All right. Now in fairness let
9 me ask you this: I think it is obvious that with some
10 of these deaths at least, with some of the events -
11 I won't even say the deaths - some of the events of
12 the nine months you have little or no recollection?

13 A. Yes.

14 Q. Now you have adequately
15 explained what it is about Hines that you recall.
16 You recall the length of and the possible success of
17 the resuscitation effort, and that is why it stands
18 out in your mind.

19 A. Yes.

20 Q. On the other hand this
21 conversation that may or may not have taken place
22 with Kathy Coulson, that occurred after the
23 resuscitation effort was over. It wasn't part of
24 your resuscitation effort so there would be no reason
25 for it to stand out in your memory. How can you be
so sure that you didn't speak to her?



K 3

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A. Because I can remember leaving 431 and going into 418 to see how my children were.

Q. Can you remember everything you did with respect to the baby that you were looking after in 418? Can you remember all the details?

A. I can remember checking on Barbara Gionas at that time.

Q. Yes?

A. I can remember collecting all the papers that I needed to do the charting with. I can remember stocking the child's drawers for the day shift, and I can remember sitting down and doing some charting.

Q. All right. Now as I understand it we have heard evidence that there were basically two types of pacemakers: one is a demand pacemaker which only sends out an impulse if necessary if the child's electrical system doesn't, and the other is a sequential which sends it out automatically in any event?

A. Yes.

Q. Do I have that correctly?

A. Yes.

Q. And am I right that the whole point of a resuscitation effort is simply to get the



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2

impulse and the heart beating again as quickly as possible?

3

4

A. Yes.

5

6

Q. Okay. Now if I were to suddenly fall down from a cardiac arrest right here - a lot of my friends would die laughing if I were to do that!

7

8

MR. ROLAND: Can we have a demonstration?

9

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MR. TOBIAS: Q. If I were to do that, the point I am asking is simply this: the longer that the efforts took to get my heart going again the more unlikely that you would get it going again? Correct?

14

A. The longer it took?

15

Q. Yes.

16

A. I don't understand your question. The longer it took --

17

18

Q. All I am saying is this that the situation when someone arrests --

19

20

THE COMMISSIONER: The longer the heart was stopped the harder it is to get it going again, it seems reasonable --

21

22

THE WITNESS: That is right.

23

24

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MR. TOBIAS: Q. Now that is the same obviously in an infant, in a neonate as it is in



1

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an adult?

3

A. Yes.

4

Q. The whole point is that when the

5

heart stops the flow of blood is interrupted, it is

6

not going out to other organs and other organs start
to deteriorate?

7

A. Yes.

8

Q. So speed is the thing really.

9

You have to get it going as fast as possible?

10

A. Yes.

11

Q. And you acknowledge that the

12

preparatory procedure for getting the pacemaker
started really isn't that time consuming?

13

A. Yes.

14

Q. In light of that and in light

15

of what your obvious concern was - everyone was

16

agitated, tension was running high, the doctors

17

needed this - why did you not simply just ask the

18

doctor what kind of pacemaker do you want?

19

A. Well, as I remember they were

20

just discussing whether or not to try and pace the

21

baby. They hadn't even asked us to bring a pacemaker

22

at this point. I don't think they ever asked to bring

23

it in. We ran out and got it because we had over-

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heard them talking about it. They weren't ready at

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K 6

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that point to put it in. They were still discussing whether or not it would be of any benefit to the baby.

Q. Yes, Mrs. Trayner, but you see my point, don't you? Time was of the essence. It takes under five seconds to ask and probably the same length of time to respond. The whole decision could have been made in 10 seconds. Wouldn't that have been more preferable than having this discussion at all?

A. In hindsight, yes, maybe.

Q. Now at the time of the Hines arrest you have already indicated that you really knew nothing about the baby's condition at all?

A. Yes.

Q. I take it you hadn't read the chart?

A. Right.

Q. You hadn't really talked to anybody about it?

A. No.

Q. And he certainly hadn't been brought to your attention by Mary Jean Halpenny, had he?

A. No, he hadn't.

Q. You remember she did ask you to



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take a look at Joshua but not Jordan Hines?

3

A. Right.

4

Q. So as far as you knew there was
no reason to be concerned about that baby?

5

A. Yes.

6

7

Q. All right. Did you find out at
some time thereafter that in fact Jordan Hines had
an anatomically normal heart?

8

9

A. I think I found out either the
morning of the arrest or that night when I came back
on.

10

11

12

Q. Do you recall how you found that
out? Where did that information come from?

13

14

A. It was from Janet Brownless.

15

16

Q. I see. Did you talk about Baby
Hines with Janet Brownless?

17

18

19

20

A. The morning that Janet Brownless
had come on for morning report she found out that Baby
Hines had died and arrested, and she had asked me what
had happened, and it was during that conversation that
she told me that she was friends with Mr. and Mrs.
Hines.

21

22

23

Q. So that was something that you
knew about?

24

25

A. She told me that day, yes.



K 8

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Q. What was her reaction?

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A. She was very upset, and I told her exactly what had happened from the time that I had come in or from what I knew about the arrest.

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I can remember telling her that it was a long arrest, that the whole team tried extremely hard to try and bring this child around. I told her that we almost got him around a couple of times; hopefully we were going to get him to the Intensive Care Unit.

11

12

13

Q. Now you say she expressed upset. Did she express any surprise, any shock that the baby had arrested?

14

15

A. Yes.

16

17

18

Q. Did she express any puzzlement or concern as to the cause of death?

19

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A. I don't know if she did at that time. She was quite upset. She was crying and she was more concerned about the parents --

Q. All right.

A. -- had they been called.

Q. I am sorry. I interrupted you. You say she didn't at that time. Did she express any concern or puzzlement to you some time thereafter over the cause of death?



K 9

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A. I think it may have been that

3

night when I came back on duty because there was

4

concern about what had happened and I can remember

5

Janet Brownless saying that the child was fine when

6

she left at 7:15 that evening, and she was surprised.

7

Q. Now was that concern only from

8

Janet Brownless or did you hear other nurses

9

expressing that same concern, that same surprise?

10

A. I specifically recall Janet.

11

Q. I take it from that that you

12

have no specific recollection of any of the other
nurses expressing that concern?

13

A. No.

14

Q. Now at the time that he

15

arrested, again you would not have known that the

16

child was not on digoxin, but that is something that

17

you clearly knew when you started your evidence here

18

the other day. When did you become aware of that?

19

A. I think it was when the police
came out to my house and questioned me about the baby.

20

Q. When would that have been?

21

A. Maybe February or March of 1982.

22

Q. February or March of 1982, and

23

that would have been just prior to the commencement
of the preliminary hearing of Susan Nelles, or was

24

25



1
2 that during?

3 A. It was during I think.

4 Q. During the preliminary hearing,
5 and did you become aware at some time that in certain
6 testing done on Jordan Hines' tissues, tissues which
7 had been preserved from autopsy, that quantities of
8 digoxin were found in the tissue?

9 A. Well, the police told me.

10 Q. And would you have found out
11 about that around the same time, February or March
12 of 1982?

13 A. I can't remember when it was
14 that I did speak to the police. I know they did and
15 actually now that I remember it wasn't really in my
16 home. It was in the hospital in one of their offices.

17 Q. Yes?

18 A. That we were going through some
19 children and Jordan Hines was one of them, and they
20 were the ones that told me that they had found
21 digoxin.

22 Q. Now in fairness to you,
23 Mrs. Trayner, you have been very forthright; you have
24 indicated that you recall the conversation with
25 Janet Brownless; you recall Janet Brownless later on
that day when you came back on indicating to you that



K 11 1
2 the baby had been fine when she left on the Saturday
3 night at 7:15, and you told me you had no specific
4 recall of any other nurses talking about surprise
5 or puzzlement about the cause of death.

6 Now in fairness to you we have heard
7 from several nursing witnesses and in fact from some
8 of the doctors (Dr. Rose in particular) that there was
9 a great deal of surprise at the death and at the
10 suddenness, and that there was concern, genuine
11 concern, over what the cause of death was. No one
12 seemed to have the answer immediately, and we have
13 heard particularly that not only Janet Brownless but
14 Mary Jean Halpenny were very surprised, shocked and
15 concerned.

16 Did you at any time after March 8th,
17 1981 when you came back on shift, at any time after
18 that did you become aware of this general sense of
19 surprise and puzzlement that was prevalent on the
20 ward?

21 A. I may have. I can't specifi-
22 cally recall it, no, but I may have, yes.

23 Q. Were you aware of a meeting
24 that took place on March 11th, 1981 with some of
25 the 4B nurses in attendance? Now I can tell you
because I have looked up the reference to it in the



K 12 1
2 communications book, that you were not there, but
3 there was apparently a meeting with Carol Brown
4 being one of the nurses, and I believe Janet Bede -
5 I am not one hundred percent sure of that - and one
6 of the topics discussed was the Hines death.

7 Were you aware that that meeting had
8 taken place?

9 A. No, I wasn't.

10 Q. Now you gave evidence here
11 several times in your first two days of evidence and
12 I think Mr. Percival touched upon it at length in
13 his cross-examination of you that what you remember
14 particularly over these nine months was having to
15 deal with the parents and how painful that was for
16 you and how difficult it was, and that is why in some
17 of the cases you remembered more about some of the
18 babies than others.

19 A. Yes.

20 Q. Do you recall that?

21 A. Yes.

22 Q. Had you during March of 1981
23 had to deal with Mr and Mrs. Hines?

24 A. No.

25 Q. Did you have to meet them to
explain the death to them?



K 13

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A. No, I didn't.

3

Q. Did you subsequently at any

4

time have to deal with Mr. or Mrs. Hines?

5

A. I have spoken to Mrs. Hines.

6

Q. All right. And when would that

7

have been?

8

A. That was in January or February

9

of 1983.

Q. 1983?

10

A. Yes.

11

Q. And if I suggested to you that

12

you had in fact met with Mrs. Hines on February 28th, 1983, does that help refresh your memory?

13

A. I know it was when I was about

14

6½ months pregnant.

15

Q. All right. Where did this

16

meeting take place?

17

A. Mrs. Hines came to my apartment

18

door with Mrs. Doehler.

19

Q. Yes. And had you ever met

20

Mrs. Hines before that?

21

A. No, I didn't.

22

Q. Were you aware of the fact that

23

she would be attending at your apartment?

24

A. No, I wasn't.

25



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K 14

Q. You must have been quite

shocked and taken aback when she just showed up at
your door uninvited?

A. Yes, I was.

Q. All right. What did you do?

A. Mrs. Doehler asked me to let
her in, and I said I didn't want to. She said that,
according to Mrs. Hines, that this was a grieving
mother and she had come all the way from Pickering
and you can't close the door on this grieving mother's
face. Please show us that you have a heart. All we
want is some answers.

And I said I didn't have any answers
for her; I was sorry, but I couldn't help her in any
way. And Mrs. Hines was crying and said that all she
wanted to do was to talk to somebody that had cared
for her child and to see if there was anything that
she could find out. Mrs. Doehler persisted, saying
that there would be no problem, and please let us in.

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I let them into my apartment and Mrs. Hines asked some questions about her child. I gave her the information that was already known, they asked me about the incident with the pacemaker, she was crying, I remember I started crying, she said that nobody will talk to her, she can't get any answers from the doctors, I was her last hope, Janet Brownless wouldn't talk to her any more about it, she was angry with Janet Brownless because Janet Brownless hadn't told her that there may have been a problem on 4A or 4B before she had brought her son in. She asked me if I knew that there was a problem and I had told her, no, I didn't.

She asked me if there was anything else that I could remember to please tell her and that all they wanted was the answers so that they could put this behind them. She had another son that she found difficult taking down to Sick Children's Hospital.

Q. It strikes me from what you have said that - well, two things strike me. Obviously it was an extremely emotional discussion?

A. Yes.

Q. And it was sudden and it was unexpected?

A. Right.



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Q. No time to prepare for it?

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A. No.

4

Q. Whatever was said was your best

5

recollection, no time to think about the answers you

6

would give, you didn't even know the questions that

7

would be asked, did you?

8

A. Right.

9

Q. And it took place interestingly

enough after the preliminary hearing had been completed?

10

A. Yes.

11

Q. And it took place before the

12

Attorney General had started to call this Commission?

13

A. Yes.

2

14

Q. And it took place after you

15

were aware of all of the facts with respect to Jordan

16

Hines, that is, the anatomically normal heart, the

17

absence of any prescribed doses of digoxin, the

presence of digoxin in the body?

18

A. Yes.

19

Q. Now, during this discussion

20

did you mention to Mrs. Hines the observations that

21

you had made about how close you came to bringing

the child back?

22

A. Yes, I did.

23

Q. In fact, didn't you say to

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Mrs. Hines that you were so surprised in hindsight because he had such a strong heart. Do you recall using that phrase?

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A. I don't know. I think my context was that we did get him back and it was a very emotional time for us at that time because we thought we had one successful resuscitation, that the child was strong and was going to come back but then we lost him again. I can't remember the specific words that I did use.

11

12

Q. It is possible you may have made reference to a strong heart?

13

14

15

16

17

A. Yes.
Q. Do you recall saying to Mrs. Hines that you were very puzzled by the death, partly because there were no anomalies in the heart, it was an anatomically normal heart. Do you recall saying those general things to her?

18

19

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21

22

A. She had told me, Mrs. Hines, that Jordan was admitted for pneumonia, not a heart problem, that he had a strong heart and I guess in the context I had said that, you know, it was surprising because I thought that the children were cardiac problems.

23

24

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Q. Do you recall Mrs. Hines



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asking you to comment on how strange it was that the child that hadn't been prescribed the drug digoxin was found on post mortem to have quantities of digoxin in his system. Was there any discussion about that?

6

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A. I don't think so; there might have been. It may have come from Mrs. Doehler, I'm not sure.

8

9

10

Q. I'm referring now only to something Mrs. Hines would have specifically asked you, leaving Mrs. Doehler out of it.

11

12

A. She may have asked me that question.

13

14

Q. She may have, that's possible?

15

A. Yes.

16

17

Q. Do you recall whether there was a discussion, a very short discussion about the events at the Hospital generally, the whole nine months and Jordan Hines within the context of that overall discussion?

18

19

MR. STRATHY: I am sorry, I don't really understand the question.

20

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MR. TOBIAS: Q. Well, do you recall Mrs. Hines asking you to comment on it and you commenting on how strange it was that Jordan Hines

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was one of a series of unexplained deaths?

A. I can recall her asking me that but it was, why didn't I see something, why didn't Janet Brownless tell her this, why did she allow, why did Janet allow her to bring her child into this floor when they knew that there was a problem going on. I can remember saying to her that we didn't know that there was a problem. I remember her asking me if I would take my child to the Hospital and if I knew what was going on would I have taken the child into the Hospital.

Q. And what did you understand her to mean when she asked you if you knew there was "a problem going on", what did you understand her to mean by the use of the word "problem"?

A. I understood that she believed that there was problems on the floor, children had died before Jordan Hines had come to the floor and she was questioning that.

Q. Surely, Mrs. Trayner, you must have thought that when she was using the word "problem" she was referring to some type of intervention in the course of the children other than natural intervention?

A. What I got from that was that why didn't somebody tell her that these children were



6 1
2 dying, why wasn't it Janet Brownless, why wasn't it
3 the administrative staff, why wasn't the Hospital doing
4 something. And my response was that we or the Hospital
5 didn't realize that there was a problem there.

6 Q. Do you recall specifically
7 at the end of the discussion having said to Mrs. Hines
8 that in light of everything you then knew about Jordan
9 Hines and all the other events at the Hospital that it
10 was your view that Jordan Hines did not die of natural
11 causes?

12 A. No, I don't believe I said
13 that.

14 Q. Is it possible that you did
15 or you just don't recall?

16 A. If I had said that it would
17 have been that she was very insistent that digoxin
18 was found in her child, that he was not prescribed
19 the drug digoxin and that he did not die of natural
20 causes.

21 Q. Is it possible that you
22 expressed that view?

23 A. In those terms, if she gave
24 that to me, I didn't have any other information, then
25 I would have to say maybe, yes.

Q. All right. Mr. Commissioner,



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I see it is 20 to 1. I am about to move into a
new area but I can cover it within five minutes.

3

4

THE COMMISSIONER: Well, is it your
last area?

5

6

MR. TOBIAS: No it's not, sir.

7

THE COMMISSIONER: Well, whichever you
like.

8

9

MR. TOBIAS: Well, perhaps I should go
on.

10

THE COMMISSIONER: Yes, all right.

11

MR. TOBIAS: Q. There has been some
talk throughout these proceedings, as you can well
appreciate, about patterns that developed over this
nine month period.

12

13

14

A. Yes.

15

16

Q. And I understand that there
were certain procedures followed as a matter of routine
on the ward, one of those patterns was that when you
were coming on you took report?

17

18

A. Yes.

19

20

Q. You would take report from,
in the case of the long night nursing shift, the team
leader that had preceded you during the day?

21

22

A. Yes.

23

Q. Would you ever take report

24

25



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from the head nurse?

3

A. If she was still on the floor
and it was a very busy day, yes, we would.

4

5

Q. Another procedure was that
going off shift you gave report to that team following
you?

6

7

A. Yes.

8

9

Q. And you obviously, you have
already told us, an informal procedure was to exchange
information with the 4B team leader as a matter of
practice to discuss with Bertha Bell what was going
on on her side as well as yours?

10

11

12

13

A. As I said before, if there
was a concern.

14

15

Q. Okay. And I take it that
basically the same practices were followed on the
day shift, taking of report, giving of report, going
on shift and going off shift?

16

17

18

A. Yes.

19

20

Q. And clearly there was inter-
action amongst all of the nurses who worked on that
floor because you weren't always on long night shift,
sometimes you worked days?

21

22

A. Yes.

23

24

25

Q. And you weren't always opposite



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the same nursing team or the same group of nurses,
there were changes, people came and went.

3

4

A. Yes.

5

Q. And obviously just as lawyers
get together for lunch so do nurses?

6

A. Yes.

7

8

Q. And they talk, and they talk
generally?

9

A. Yes.

10

Q. And they compare experiences?

11

A. Yes.

12

Q. And they compare notes, am
I correct?

13

A. Yes.

14

15

Q. Now, when you were coming
on to take report, if a child had expired, had died
on the shift before you got there, is that something
you probably would have been told about?

16

17

18

A. Probably, yes.

19

Q. Okay. In fact, when you were
going off shift giving report that's likely a matter
that you would mention to someone on the oncoming
shift, isn't it?

20

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22

A. Yes.

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Q. And in fact the knowledge that



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there were a high number of deaths was not something that was confined solely towards 4A, didn't people, nurses on other wards know about that?

A. I suppose they did, yes.

Q. Okay, fine. What I am struck with is this. Given that very loose kind of interaction and exchange of information and just general awareness, after all in your profession you have to be aware, you have to be alert, you watch children, you look for subtle signs, subtle changes; given all of that I am struck how you could possibly go on for eight months failing to see that at least there were a high number of deaths occurring in between one and five in the morning and obviously because they happened while you were there, they were happening on your team's presence. I am struck with that, how could you possibly have failed to recognize that for eight months?

A. I knew, as I have said before, Mr. Tobias, that we dealt with one child at a time. I was also aware that I was dealing with more death than I was used to up on 5A but these children were explained to us as being very sick, critically ill. If we had any question Dr. Freedom dismissed it by saying that these children were sick. I never saw it, a pattern, that it was happening on my team, that it



1
2 was happening to one nurse or that it was happening
3 in the middle of the night until March. Now, I know
4 that looking back it may sound very, you know, very
5 odd that we didn't but we didn't have a chart in front
6 of us at that time and we weren't able to, we didn't
7 have a list of the children there that we could say
8 this happened, this happened, this happened, wow.
9 It was one child, one family, one night and one day
and then we had to go on.

11 10 Q. When you were on 5A I believe
11 you have said your entire experience in 18 months was
12 five or six deaths?

13 A. Yes.

14 Q. Now, between June 30th of '80
15 down to the Warner death on March 7th, '81 there are
16 27 deaths. By comparison, that is an avalanche of
deaths, isn't it?

17 A. Yes.

18 MR. TOBIAS: Perhaps, Mr. Commissioner,
19 this might be an appropriate time.

20 THE COMMISSIONER: Yes, all right.
21 I think we had better take a poll. How long will you
22 be?

23 MR. TOBIAS: At the outside, sir, one
24 hour, probably more like 40 minutes, 45 minutes.
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THE COMMISSIONER: All right. Mr. Shinehoft - Mr. Shanahan, I guess you are next, 15 minutes you think?

MR. SHANAHAN: 15 minutes to a half an hour, sir.

THE COMMISSIONER: Yes, all right. Mr. Shinehoft?

MR. SHINEHOFT: No longer than one hour.

THE COMMISSIONER: No longer than becomes a pretty serious matter. Mr. Strathy?

MR. STRATHY: No longer than 15 minutes.

THE COMMISSIONER: Mr. Lamek?

MR. LAMEK: A little longer than 15 minutes.

THE COMMISSIONER: Well, we are in trouble I think. But we are going to sit until we are finished. That may mean a later bus, Mr. Shinehoft, so try and work on it this afternoon to see if you can do something about it. I think we had probably better come back at 2 o'clock. Can you come back at 2 o'clock, Mr. Tobias?

MR. TOBIAS: Certainly, sir.

THE COMMISSIONER: Can you come back



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(Tobias)

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at 2 o'clock?

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THE WITNESS: Yes.

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THE COMMISSIONER: Yes, all right.

5

---Luncheon recess.

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-- (Upon resuming at 2:00 p.m.)

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THE COMMISSIONER: Yes Mr. Tobias.

4

MR. TOBIAS: Thank you Mr. Commissioner.

5

Q. Mrs. Trayner, just before we

6

broke for lunch we were talking about the apparent

7

inability to recognize the patterns, all these

8

patterns earlier, and I expressed some shock and

9

amazement that it could have gone on for so long
without your noticing.

10

I would like to ask you a few questions

11

about the events later on in March of 1981.

12

Now, as I understand it, it was at or

13

about your coffee break on Friday, March 20th, 1981,

14

that you had recounted to you the story of Liz

15

Radojewski about calling Susan Nelles advising her

16

that the level of Pacsai was quite high?

17

A. Yes.

18

Q. Purported to be 25?

19

A. Yes.

20

Q. And that there might be an

21

inquest, or there would be an inquest. Your evidence

22

was very clear on this point, that you simply could

23

not accept 25, you felt that there had to be a

24

mistake, it must be 2.5. Now I take it obviously

25

that that was because you had never heard, or even



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contemplated a digoxin level nearly that high in all
of your years of nursing?

3

4

A. That's right.

5

Q. And really would you agree with

6

me that what made the whole scenario about Pacsai
highly unusual and so strange, was the digoxin level,
that was the one thing that really made it quite
unbelievable that level of 25?

7

8

9

A. I don't understand the question,

10

that it was 25?

11

Q. Yes. I am saying wasn't that

12

what characterized it as such a difficult thing to
accept, the fact that there was a level of 25?

13

A. Yes.

14

Q. And that in fact was the thing

15

that stood out like a sore thumb?

16

A. Yes.

17

Q. About that Pacsai incident. In

18

other words what I am saying is this, it wasn't all
that unusual that there would be an investigation or
inquest of some kind, I mean you have heard of that
happening with other deaths?

19

20

21

A. Not on our floor, no.

22

Q. Not with respect to this period

23

but certainly you were aware that from time to time

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AA3

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in hospitals, yes, there are deaths that are
followed by Coroners inquests?

3

4

A. Well I knew of one, yes.

5

Q. You knew the procedure was there.

6

We have got a Coroners Act and we do have inquests?

7

A. Yes.

8

Q. So that fact taken alone that
there was going to be an inquest wasn't that shocking?

9

10

A. Well it was shocking enough -
well from my five years I have never been involved
in a Coroners inquest.

11

12

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15

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Q This was the first one you had
any direct involvement in. All I'm trying to say is
the fact of there being an inquest in and of and by
itself there was nothing that shocking about that,
but what was shocking was this incredibly high
digoxin reading, is that fair?

17

A. That's fair.

18

19

20

21

THE COMMISSIONER: You can get her to say
fair, but you really couldn't get her to agree with
that proposition. Are you now saying that it is,
that is the shocking part, not the inquest?

22

THE WITNESS: Well I can't really
understand what he is trying to get at.

23

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THE COMMISSIONER: He is trying to say,



AA4

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trying to get you to say, as I understand it, that it was the level of 25 that startled you, not the inquest, not the fact that there was going to an inquest. Is it so, or is it not?

THE WITNESS: No it was basically the Coroners inquest, we had never had one on 5A and never had one on 4A/4B. The idea though - we knew you know, that this happened from time to time in other hospitals, but it was foreign to our floor and it was something new.

Q. Let's get at it this way, if I may. I am going to accept what you tell me, I have to accept that. It was quite shocking that there was going to be an inquest at all, you had never been involved in one?

A. Yes.

Q. Now adding to that was a very - I wouldn't even say adding to it, part and parcel of that was a very high digoxin level, correct?

A. Yes, that we were told of, yes.

Q. Because just as you had never had a Coroners inquest before, you had certainly never before heard of a digoxin level like that, and certainly never before had there been a death which was being investigated due to some involvement with



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digoxin?

3

A. That's right.

4

Q. So it was both of those things.

5

It was the dig. and the role of the dig. in the
inquest that was shocking and made that standout?

6

A. Yes.

7

8

Q. Now some - if I understand your
evidence, that was about 10:15 on March 20th that it
suddenly came to you..

9

10

A. Yes.

11

12

Q. Now less than 24 hours later, on
Saturday, March 21st, 1981, a whole series of other
events happened that were quite startling?

13

A. Yes.

14

15

Q. And that was basically the fact
that Dr. Costigan came around at 9:30 and told you
to hold the digoxin?

16

17

A. Right.

18

19

Q. On top of that you had to double
sign for it?

20

A. Yes.

21

Q. You had to lock it up?

22

A. Yes.

23

Q. And then following very quickly
on the heels of that, just some 8 hours later, and

24

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AA6

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at about 5, 5:30 in the morning, we suddenly had an
arrest, Dr. Fowler was there at 5:30 in the morning.

4

A. Right.

5

6

Q. You are told don't clean up the
room, there is something unusual about that. You
find out that doctors are taking post mortem blood
and IV samples?

8

A. Yes.

9

10

11

Q. And the icing on the cake
is a biochemist is called at 5:30 Sunday morning
and told to get down to the Hospital?

12

A. Right.

13

14

15

16

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Q. Now that all happens within 24
hours of these events you became aware of regarding
Pacsai. Now do you not agree with me that at least
some of the events on Saturday night also involved
digoxin. It is pretty obvious, isn't it, you are
told not to give it?

18

19

A. Some of the events involved
digoxin, the locking it up.

20

Q. The locking it up, double signing.

21

A. Double signing, yes.

22

23

24

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Q. So some of those strange events
involved digoxin too. Now you have got two things
that are somewhat unusual and shocking. You have got



1
2 on the 20th the news of the Pacsai level and the
3 forthcoming inquest.

4 A. Yes.

5 Q. And less than 24 hours later you
6 have got certain other events that are strange, again
7 involving digoxin.

8 THE COMMISSIONER: I shouldn't fight
9 this too much, but it isn't less than 24 hours, is it?

10 MR. TOBIAS: Well it is, sir, because
11 if she was aware on the 20th at 10:15, if that is
12 the discussion we got in Pacsai --

13 THE COMMISSIONER: Yes.

14 MR. TOBIAS: And then at 9:30 on the
15 21st she is told to hold the dig. that is within
16 less than 24 hours.

17 THE COMMISSIONER: Perhaps, perhaps,
18 but the locking up I thought - it really doesn't
19 matter, it really doesn't matter, it is close to
20 24 hours.

21 MR. TOBIAS: It is close.

22 THE COMMISSIONER: A lot of these
23 other things that you are mentioning took place
24 after that.

25 MR. TOBIAS: This is true, this is true
and to be entirely fair to you it could all be



AA8

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spread out over a period of 36 hours.

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Q. The point is this, you have got in two days two sets of very unusual and strange events, very unusual pieces of news and information, both of them having something to do with the drug digoxin. I am struck with what you told Mr. Lamek about not, you know, searching for explanations and really coming up with any explanations. How could you not connect those two things since they followed so closely one upon the heels of the other.

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A. Connect what?

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Q. Connect the events of the 21st as perhaps being somehow related to what the investigation with respect to Pacsai was about. How could you fail to see some sort of connection, some sort of pattern between the two.

A. Let me make this clear. We knew that the Coroners inquest was coming about. We knew that there was a question of the level in Kevin Pacsai. Then on Saturday night we were told to lock up the digoxin. Now are you asking me why I didn't relate those two together?

22

23

24

25

Q. Yes. How is it that you could have failed to relate those two together?

A. I don't think I did. I think



1
2 I did relate that the dig. was probably due to
3 something with Kevin Pacsai.

4 Q. Well, okay, I understood your
5 answer to be, Volume 133, page 798, when you were
6 asked this question by Mr. Lamek, and if I have
7 misinterpreted it, please correct me.

8 THE COMMISSIONER: Page what?

9 MR. TOBIAS: 198, sir.

10 Q. Mr. Lamek was generally, and had
11 been on the preceding few pages questioning you
12 about all of these events on the 21st. This is
13 actually at 797, sir, starting at line 21:

14 "Q. What was your reaction to that
15 series of very strange events that night.

16 A. I can recall asking Dr. Jedeikin
17 what was going on.

18 Q. Yes.

19 A. And he, it was like he was
20 pacifying me. He tapped me on the
21 shoulder and said, "nothing, everything
22 was fine."

23 Q. Clearly you did not believe
24 that.

25 A. No. What he was saying and what he
was doing was contradicting each other.



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2

Q. Yes.

3

A. It was a little odd.

4

Q. I take it was clear to you that something was going on.

5

6

A. Yes.

7

Q. And it was something of a kind that you had never encountered before in the Hospital, was it not?

8

9

A. Right.

10

Q. Did anything occur to you as an explanation for what was happening.

11

12

A. I didn't have any explanation.

13

I wondered, but I couldn't come up with any reason as to what was going on.

14

15

Q. Nothing at all occurred to you as a possible explanation for all of that.

16

A. No."

17

Now are you telling me today that you

18

may not have had a specific explanation for what

19

was going on, but you did suspect that all of those

20

strange events were somehow related back to the

21

Pacsai death and the investigation concerning his dig.

22

level; did you connect the two?

23

A. The locking up of the digoxin,

24

and the signing of the digoxin, I thought may have

25

25



1
2 something to do with the Coroners inquest coming up.

3 Q. Fine. Did you make that same
4 connection between the Coroners inquest coming up
5 and the taking of blood samples from Cook?

6 A. No, I didn't.

7 Q. Did you make the same connection
8 between the Coroners inquest coming up and the taking
9 of samples from the IV bag?

10 A. No, I didn't.

11 Q. Did you make the connection
12 between the Pacsai investigation and the presence,
13 the demand for the presence of a biochemist on the
14 floor at 5:30 in the morning on a Sunday?

15 A. No.

16 Q. Did it not occur to you that
17 if they wanted a biochemist down there taking samples
18 they were certainly going to test those samples for
19 the presence or absence of something?

20 A. Yes.

21 Q. How could it not occur to you
22 that what they were looking for in the presence or
23 absence of something was digoxin?

24 A. Because I knew that Justin Cook
25 wasn't prescribed digoxin.

Q. I recognize that, but you also

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knew digoxin had been locked up?

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A. Yes.

4

Q. You also knew that there was

5

this investigation coming up on Pacsai and he had

6

a sky-high level. You knew all of that. You knew

7

they were taking samples looking for something, how

8

could you have failed to at least entertain the

9

possibility that maybe they are looking for digoxin
in this child that is not supposed to have it.

10

A. Because I knew that he wasn't

11

prescribed the drug and there would be no need for

12

them to look for it.

13

Q. Did it not occur to you that

14

it could have been given to him by mistake?

15

A. No, it didn't.

16

Q. Now on the very next day, March

17

23rd, 1981, you received a telephone call from

18

Liz Radojewski and you have already given us her

19

evidence as to what she told you, and I am referring

20

there to the supervisors being on the floor and the

keys to the medication cabinet being taken away.

21

I will ask you the same question here.

22

Did you at that time connect those events with the

23

Pacsai inquest? Did you think that they might have some-

24

thing to do with what they were looking into in regard

25



AA13

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to the Pacsai death?

3

A. I thought at that time it was

4

something to do with the Hospital investigation and

5

it may relate to the Coroners inquest. I wasn't

6

too sure what the policy of procedure was for an

7

inquest, so maybe that had something to do with it.

8

Q. At that time - let me ask you

9

this question. You have got the news of Pacsai

10

Friday night?

A. Right.

11

Q. You have got the strange events

12

Saturday night?

13

A. Right.

14

Q. And you have got this absolutely

15

shocking phone call from Liz on Monday morning,

16

someone who is composed, calm, a take charge person,

17

is suddenly upset and in tears and tells you horror

18

stories about what is going on on the floor. By that

19

time were you not really looking at all of them as

20

part of a series or related back to one thing? Surely

21

you were not looking at them as three separate things,

22

were you?

A. I saw them as two separate things.

23

Q. Did you think that there was

24

something else going on, some investigation going on

25



AA14

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2

other than the investigation into Pacsai?

3

A. Well the Hospital investigation.

4

Q. I'm sorry.

5

A. The Hospital investigation.

6

7

Q. You thought that might somehow be unconnected to Pacsai, it might be on a different subject matter.

8

A. Yes.

9

10

11

Q. Did you have any idea what the different subject matter might be, did you think about it?

12

13

A. Something to do with the fourth floor; or what we were doing on the fourth floor, policies, procedures.

14

15

16

Q. Wouldn't Pacsai also be related to the fourth floor and what you were doing on the fourth floor?

17

18

19

A. Well you see, I saw the investigation as here and the Pacsai investigation here and I knew that there was two.

20

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Q. Let me ask you about that specifically. You told Mr. Lamek at Volume 134, the reference, sir, is page 861. You told Mr. Lamek specifically that you thought maybe there was an investigation into Cook as well. I won't read you .



AA15

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back this specific passage, but it struck me and it was very clear that what you were expressing to Mr. Lamek was the thought that there was an investigation into Cook separate and distinct from the Pacsai inquest, a second kind of investigation?

A. Yes. That is what I meant with the Hospital investigation with Justin Cook.

Q. Well did you not think --

MR. STRATHY: Let her finish please.

Q. I'm sorry, I apologize. Go ahead, finish it up.

A. We knew that the biochemist and Dr. Fowler were on the floor after Justin Cook's death. Then the supervisors were on and the narcotic keys were taken. Now I thought it to be two separate things, one was Justin Cook in 4A or 4B, whatever, and then Kevin Pacsai over here with the Coroners inquest, like they were two separate to me.

Q. Could we just explore that for a moment.

A. Sure.

Q. In March, the first time, you have told us I believe after the death of baby Warner, you became aware of the pattern, early March you said is when you suddenly became aware - I'm sorry



AA16

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it is unfair to use the word sudden, you didn't say sudden, that is my word. You said it was sometime in early March you thought after the death of Warner that you made the connection between all of these deaths and the late hours of the morning --

THE COMMISSIONER: I didn't think it was Warner, I thought it was Pacsai --

MR. TOBIAS: Or --

Q. It doesn't really matter what baby. Am I correct that in early March you saw the pattern?

A. Yes.

Q. And then later on in March you heard about the Pacsai inquest and you knew that was digoxin related?

A. Yes.



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BB/EMT/ko

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Q. And then a day or two later it dawns on you that maybe there was a separate investigation into the death of Cook.

Now in light of the fact that for all these months you have got all these babies dying, did you not put together the Cook and the Pacsai deaths and say, well, maybe in both they are looking for the same thing? Did it not occur to you that maybe there may be some digoxin involvement with Cook?

A. No, I didn't.

Q. You failed to make that connection?

A. Yes.

Q. Now you have also told us about the events of the night that Allana Miller died.

A. Yes.

Q. And I think you agree with me that your recollection is fairly clear there with respect to what you did at midnight and what you did again at 1 o'clock.

A. Yes.

Q. All right. You told us that what you did at midnight was flush the IV line, and at that time you didn't have a needle and a syringe with you.



BB 2

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A. That is correct.

3

4

Q. Okay. And I believe you even illustrated with your hands for Mr. Lamek how you would go about performing that exercise.

5

6

A. Yes.

7

8

9

10

Q. All right. Help me if you can with this: when you flush the IV line is there when that exercise is finished and you know that there is no further medication to put in, what is left in the buretrol? Just solution?

11

A. Yes.

12

13

Q. Okay. And that infuses into the baby?

14

A. Right.

15

Q. And nothing is added to it?

16

A. No.

17

Q. And what is that solution?

18

A. Whatever the solution is in the bag, the IV bag.

19

Q. Okay. Do you remember what the

20

solution was in the case of Baby Miller?

21

A. No, I don't.

22

Q. But in any event after you had

23

completed the exercise of flushing the IV line there was no medication in the bag nor in the buretrol?

24

25



BB 3

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A. There may have been medication
in the bag. We sometimes add potassium to the bag.

3

4

Q. Yes?

5

A. That is done earlier. So I
can't say for sure that there was no medication there,
but --

6

7

Q. How would you know if there was
medication in the bag?

8

9

A. There is a sticker that you put
on the IV bag when you hang the bag at first.

10

11

Q. Okay. And when you finished
the flushing of the IV line at midnight do you recall
now whether there was a sticker on that bag or not?

12

13

A. No, I don't recall.

14

15

Q. Okay. Fine. Now once the
exercise of flushing the buretrol is completed I take
it from an analogy that Mr. Sopinka used a while back
to help us understand what you are doing, theoretically
anyway there is not supposed to be any medication left
in the buretrol? That is why you flush it, to flush
it all out into the baby?

16

17

18

19

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A. And into the IV tubing, that's
right.

21

22

Q. And into the IV tubing. Now
the next time you would add something to the buretrol

23

24

25



BB 4 1
2 would be when it came time to administer a particular
3 drug?

4 A. Or you could add more solution
5 from the IV bag to the buretrol if it was empty.

6 Q. Okay. Fine. Once the exercise
7 of flushing the IV line was over --

8 THE COMMISSIONER: Sorry, excuse me
9 for just a moment. Doesn't it move automatically
10 from the IV bag to the buretrol?

11 THE WITNESS: No. There is a clamp at
12 the back of the bag.

13 THE COMMISSIONER: Yes. But what I
14 am thinking of, if you are feeding a child intra-
15 venously don't you put the food or the substance,
16 the liquid, whatever it is, into the IV bag, then it
17 goes into the buretrol and then into the child?

18 THE WITNESS: Yes, but if the buretrol
19 is empty, if the solution in the buretrol is finished --

20 THE COMMISSIONER: Yes?

21 THE WITNESS: Then there is no fluid
22 going into the baby and you have to take some more
23 down and fill the buretrol. It doesn't automatically
24 come from the IV bag.

25 THE COMMISSIONER: That is because I
take it when you are putting the medicine into the



BB 5 1
2 buretrol you shut off the IV bag, is it?

3 THE WITNESS: Yes. It is always shut
4 off.

5 THE COMMISSIONER: Well, I don't think -
6 the depths of my ignorance I think are beyond you.
7 When you are feeding a child intravenously, you feed
8 it from the IV bag through the buretrol into the --

9 THE WITNESS: Vein.

10 THE COMMISSIONER: -- into the tubing
11 and then into the vein of the child. Is that right?

12 THE WITNESS: Yes.

13 THE COMMISSIONER: And then presumably
14 it is a constant feed, is it?

15 THE WITNESS: Yes.

16 THE COMMISSIONER: And you want to put
17 some medication, some antibiotic or something into
18 the child, and so you put that, add that to the
19 fluid that is in the buretrol on its way from the
20 bag to the child?

21 THE WITNESS: Right.

22 THE COMMISSIONER: So actually that
23 medication goes into the child. Isn't that right?

24 THE WITNESS: Yes.

25 THE COMMISSIONER: The food that is
coming from the bag continues to go down to the child?



BB 6

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THE WITNESS: No.

3

THE COMMISSIONER: Why does it stop?

4

THE WITNESS: In adults it might be open; on children we have always kept the bag closed; the clamp.

6

7

THE COMMISSIONER: And what do you do? How do you feed the child then?

8

9

THE WITNESS: The fluid still has to come from the bag into the buretrol.

10

11

THE COMMISSIONER: How does it get there?

12

13

THE WITNESS: By a nurse opening up the valve.

14

15

THE COMMISSIONER: So every time you want to feed the child you have to open up the IV bag; is that right?

16

17

18

19

THE WITNESS: Yes, when it's finished. You could put in if it was running for 10 cc an hour, then you could put in 30 cc into the buretrol and that would last for three hours.

20

21

22

THE COMMISSIONER: Yes, I see. Well then you put the medication in, and you want to flush that out, so you open up the IV bag and drop some more --

23

24

25

THE WITNESS: Fluid in.



BB 7

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THE COMMISSIONER: Into the buretrol,
some more fluid into the buretrol. Well, eventually
that fluid in the buretrol will run out into the
child, will it not?

5

6

THE WITNESS: Right.

7

THE COMMISSIONER: The antibiotic
will go into the child?

8

9

THE WITNESS: Right.

10

THE COMMISSIONER: And not only will
it go in but all of it will go in because you flushed
out the bag so you will get it all?

11

12

THE WITNESS: Yes.

13

THE COMMISSIONER: Get all from the
buretrol and then eventually there will be nothing
left in the buretrol?

14

15

THE WITNESS: Right.

16

THE COMMISSIONER: What happens at
that point?

17

18

THE WITNESS: The buzzer goes off
automatically.

19

20

THE COMMISSIONER: Then a nurse
rushes in and what does she do?

21

22

THE WITNESS: Releases some more
fluid from the IV bag into the buretrol.

23

24

THE COMMISSIONER: Supposing a child

25



BB 8

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doesn't want one, what do you do then?

3

THE WITNESS: They don't get a choice.

4

THE COMMISSIONER: They get it anyway
whether they want it or not?

5

6

THE WITNESS: Right.

7

THE COMMISSIONER: Because it is a
constant feeding process?

8

THE WITNESS: Yes.

9

THE COMMISSIONER: That's the idea?

10

THE WITNESS: Right.

11

THE COMMISSIONER: Except you have
some control over the buretrol --

12

13

THE WITNESS: Right.

14

THE COMMISSIONER: Yes. All right.
Thank you.

15

16

MR. TOBIAS: Much like some lawyers
asking questions even if the judge doesn't want to
hear them.

17

18

THE COMMISSIONER: Yes, that's right.

19

MR. TOBIAS: No choice. It is forced
upon them.

20

21

Q. Well, if I can pick up from
there, in the bag you have solution. Now you told me
before that it may be that you got some medication
in there like potassium.

22

23

24

25



BB 9

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A. Right.

3

Q. Can the potassium be mixed with

4

nutrient?

5

A. Yes.

6

Q. Can it be given that way?

7

A. Yes.

8

Q. But antibiotic can't or

shouldn't be?

9

A. Can't be mixed with what, the

10

nutrient?

11

Q. Right.

12

A. What, in the IV bag?

13

Q. That's right.

14

A. It has to be, yes.

15

THE COMMISSIONER: There is no other way you can get the nutrient from the bag.

16

MR. TOBIAS: Q. No, but what I am

17

saying is when you are going to give an antibiotic,

18

let's say ampicillin, you would inject that into the

19

buretrol?

20

A. Yes.

21

Q. Now at that point all that's

22

in the buretrol is the ampicillin, not the solution

23

from the bag flowing down into it. I thought you told

24

the Commissioner that when you administer the

25



BB 10

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antibiotic into the buretrol the flow from the bag
shuts off. Do I not have that correctly?

3

4

A. No.

5

Q. Well --

6

A. There is always fluid kept --

7

Q. Well, the depth of my ignorance
about this is even more than the depth of yours, sir.

8

9

A. There is always fluid in the
buretrol until the buretrol is empty.

10

Q. Yes?

11

12

A. When that is empty we have a
little safety ball that drops down so that air will
not go down through the tubing.

13

14

Q. Yes?

15

16

A. When the buzzer goes off that
is to let us know that the buretrol is finished or
empty.

17

Q. Yes?

18

19

A. We then put in more fluid from
the IV bag into the buretrol.

20

Q. Yes?

21

A. The IV bag is turned off.

22

Q. Yes?

23

A. And there is fluid in the
buretrol, and that is the fluid that will infuse to

24

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the child.

3

Q. All right. Now if a medication

4

such as --

5

THE COMMISSIONER: It doesn't worry

6

you, though, if you are going to put an antibiotic

7

in, the fact that there is some fluid from the bag

8

in the buretrol doesn't worry you at all?

9

THE WITNESS: No.

10

THE COMMISSIONER: You just add the
antibiotic to the fluid?

11

THE WITNESS: Right.

12

MR. TOBIAS: Q. Okay. I was just

13

about to ask I think along the same vein: if it comes

14

time to administer an antibiotic and you are going to

15

put that antibiotic into the buretrol does it bother

16

you if there is also a solution in the buretrol at

17

that time?

THE COMMISSIONER: She just said no.

18

MR. TOBIAS: Q. Okay. In fact in

19

some instances I suppose if there were no solution

20

in the buretrol you would let solution flow into

21

the buretrol and then shut off the bag and then

22

administer the drug into the buretrol?

23

A. Right.

24

Q. Okay. So there is nothing wrong

25



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with putting a drug into the solution in the
buretrol?

3

4

A. No.

5

6

Q. Okay, fine. Now after you
flushed the IV line for Allana Miller did you shut
off the bag?

7

8

A. Yes.

9

10

11

Q. Okay. And I take it you would
have been alerted when the fluid that you had put
into the buretrol had infused because the buzzer
would go off?

12

A. Yes.

13

14

15

16

17

Q. Okay. Now between the time
that you finished putting in or that you finished
flushing the line and it came time to administer the
1 o'clock dose of gentamicin, did you have to back
into the room on any other occasion and do anything
to deline?

18

A. I didn't go in after that, no.

19

20

Q. Okay. So the next time you
went in and handled the line was at or about 1
o'clock?

21

22

A. Right.

23

24

25

Q. Okay. Tell me exactly what
you did when you went back in at 1 o'clock?



BB 13

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A. With the medication?

3

Q. Yes.

4

A. I went in with my syringe with

5

the gentamicin in it. I had an alcohol wipe with me.

6

I used the alcohol wipe to clean the rubber stopper

7

on top of the buretrol. I checked to see that there

8

was enough fluid in the buretrol (at least 10 cc that

9

I wanted for my medication). I injected the genta-

10

micin in the syringe into the buretrol, checked to

11

make sure that it was down there and you can see it,

12

checked to make sure that the flow rate was still

13

going and left.
Q. Okay. Now before leaving did
you do anything else whatsoever?

14

A. I think I took Allana's apex

15

for her - for Susan.

16

Q. Okay. Anything else?

17

A. I don't know if I adjusted the

18

flow rate or if the flow rate was fine from the time
before.

19

Q. Okay. You may have adjusted

20

the flow rate?

21

A. I may have, yes.

22

Q. And other than that did you do

23

anything else?

24

25



BB 14

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A. No. I left the room then.

3

4

Q. Okay. Now let's say I had walked into the room five minutes after you had left.

5

Let's say instead of being a lawyer I was a doctor.

6

I am asking you to stretch your imagination almost

7

to the point of unbelievable, but how would I know

8

what was in the buretrol?

9

A. Well, I placed a medication sticker on the buretrol to say --

10

Q. When had you done that?

11

A. Right after I had put it down.

12

Q. So you didn't leave the room

13

and then come back to put on the sticker; you did it while you were in there?

14

A. Yes, that's right.

15

Q. What kind of sticker did you

16

put on?

17

A. It's a red medication sticker,

18

and it peels off at the back. I just put down that

19

it was gentamicin, the dose, and for the time.

20

Q. All right. Did you require to write anything on that sticker?

21

A. Yes.

22

Q. That it was gentamicin?

23

A. Yes.

24

25



BB 15

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Q. Now, I am sorry to be ignorant about it, but did you write on the sticker gentamicin before you peeled it off or after you had already peeled it off and put it on the buretrol?

A. I would have had to write it on before I peeled it off.

Q. Your recollection is that at that time you clearly put a sticker on?

A. Yes.

Q. Absolutely no question in your mind whatsoever about that?

A. No.

Q. Okay. Now with respect to one other very quick matter and that is the arrest of Baby Manojlovich, I think you are aware of the fact and I think that I am putting it fairly, that there appears to be some material difference from your recollection of what you were doing during that arrest and that of Susan Nelles.

Now fairly summarized, and I am sure Mr. Strathy will stop me if I take liberties, I understood you to be saying that you were in the doorway basically throughout the arrest but there was one time that you remember something being knocked off the crash cart.



BB 16

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A. Yes.

3

Q. You went to get a diaper to

4

clean it up.

5

A. Yes.

6

Q. On the way back you heard the

7

buzzer going off in Pacsai's room.

8

A. Yes.

9

Q. Went in, asked the nurse there

10

if everything was all right and she said yes, fine.

11

A. Yes.

12

Q. And you went back to the

13

Manojlovich room and stayed there basically until
the resuscitation effort was over.

14

A. Right.

15

Q. Now Susan Nelles gave evidence

16

here and this is at Volume 124 (the reference is at
page 8194, Mr. Commissioner) and I won't read it for

17

you, Mrs. Trayner, but it was basically to the

18

effect that she didn't think you were there throughout.

19

She thought that you were basically running in and

20

out to get things and that at some point she told

21

Mr. Lamek you eventually left and did not come back.

22

Now do you have a clear and definite

23

recollection of being there during the Manojlovich

24

arrest throughout except for the one time you told

25



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BB 17

us you went for the diaper?

3

A. Yes.

4

Q. No question in your mind about
that whatsoever?

5

A. No, there isn't.

6

Q. You are positive?

7

A. Yes.

8

9

Q. All right. So you are not
telling us that you simply don't recall whether you
left; you are saying I didn't leave; I was there?

10

11

A. I was there except for that
one occasion when I had ran out.

12

13

Q. Okay. Now again Manojlovich
was someone who was on 4B; not on 4A?

14

15

A. Right.

16

17

- - - -

18

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CC/BB/ko

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Q. Manojlovich is not someone you
were caring for?

4

A. Right.

5

6

7

Q. And I believe in fact that at
the time you certainly weren't team leader on 4B,
that's without question, and I don't think you ever
met the baby's parents, did you?

8

A. I don't think so, no.

9

10

11

12

13

14

15

Q. Okay. What I am wondering is
this. In light of all of that I find it somewhat
surprising that your recollection is really that clear,
especially since with respect to so many of these
other children you have had some difficulty recalling
events. Why would your efforts during an arrest in
which you weren't taking an active role be that clear
to you?

16

17

A. Because it was a horrendous
night. I remember the night.

18

19

Q. And is that the only thing that
helps you recall?

20

A. The events of that night, yes.

21

22

23

24

25

Q. Okay. Now, you were asked by
Mr. Thompson, your own Counsel, and as well by Mr.
Lamek and as well by Mr. Percival and Mr. Hunt about
your relationship with Susan Nelles and, in particular,



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at one point you were asked by Mr. Lamek whether it was a very frequent thing that Susan Nelles would disagree with a decision of yours. Your evidence at that time was, no, it wasn't that frequent and you have also given evidence here that after the two of you talked things out your perception at least was that the relationship improved and things got much better. Were you aware before today that Nurse Scott gave evidence here wherein she said it was her perception that you and Miss Nelles disagreed most of the time?

A. Well, I heard that Mrs. Scott had said that.

Q. All right. Did that surprise you at all that that was her perception of things?

A. Yes.

Q. All right. Can you think today of any reason at all why Sui Scott might have that perception, do you know?

A. No, I don't know why she would say that.

Q. All right. As well, Susan Nelles gave evidence before this Commission that when she spoke to Mrs. Radojewski in the fall of 1980 about the problems that you and she were having she made it



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CC 3

clear to Mrs. Radojewski that in the event things didn't get better, if the problems couldn't be worked out she thought it would be a good idea to have herself taken off the team. Were you aware of that?

A. I didn't realize it was that serious, no.

Q. Are you saying that before --

A. Until I --

Q. I am sorry, I interrupted you.

A. I'm not sure if I knew now that Susan Nelles had mentioned that to me at all or if I just remember it now because I have heard it from the Commission and everything.

Q. Were you aware of that before I just told you a moment ago?

A. Well, I was aware of it, yes. Now, when I was aware of it, I don't know.

Q. All right. And I take it how you were aware of it you also don't know?

A. Right.

Q. All right. And when you first became aware of it, I'm asking you to tax your memory I realize you told me you don't remember when or from whom, but perhaps you remember your reaction. When you first became aware of that did that shock you



CC 4

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that it had gone that far in her mind that she would even consider that option?

A. It had upset me that Susan was that unhappy but I didn't perceive it to be as big a problem as Susan had seen it and I was upset that she saw me in that light or that way and had wished at that time that she had come to me sooner because I didn't perceive myself to be that way.

Q. Now, would you agree with me that in terms of a working relationship when people are having problems, as we all do, that the step, if it is taken, and I acknowledge in this case that it wasn't, but if the step if it is taken, asking to be taken off the team, that's pretty well a final solution, isn't it?

A. Yes.

Q. And it indicates, if a person actually asks for that to be done, that the working relationship couldn't get that much worse?

A. Yes.

Q. Okay. You also told Mr. Percival in Volume 135 of your evidence that with respect to Sui Scott, and you were giving Mr. Percival an assessment of Sui Scott, do you remember when he first started his questioning he asked you to take each team



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member and give him your assessment of their strengths and weaknesses?

A. Yes.

Q. And something you said struck me. You said that Sui Scott did come to you with her problems first before she complained to someone else.

A. Yes.

Q. Do you recall saying that?

A. Yes.

Q. I feel obliged to mention to you, Mrs. Trayner, that when Sui Scott was here her evidence in fact was that she would prefer to go to Susan Nelles first with her problems because she found that having gone to you on several occasions you really weren't all that helpful, you didn't seem to be all that interested in helping her. Now, were you aware that she gave that evidence?

A. I was aware of that, yes.

Q. Can you think of any reason that she would have for having that perception of you? Did it surprise you when you heard that that is what she thought?

A. Yes, it did.

Q. Let me ask you if you agree with this. We have heard evidence regarding your evaluation



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and we have heard some comments made about problems with respect to your interpersonal skills.

A. Yes.

Q. And I have been struck by one thread throughout your evidence. With respect to your reaction to the arrests, your evidence was, I didn't see myself as harping on it.

A. Yes.

Q. I certainly didn't perceive myself acting that way. With respect to your purported agitation in your conversation with Lynn Johnstone after they took samples of blood from Baby Cook you said much the same thing, I was upset about a lot of things, I didn't think I was going on about one thing in particular, that one thing was bothering me. You have told me that you weren't aware of Sui Scott's impression, that you and Miss Nelles were disagreeing most of the time, you weren't aware Susan Nelles had thought it was so bad that she considered if it didn't improve being taken off the team and you have also told me that you were somewhat surprised you weren't aware that Sui Scott would prefer to go to Susan Nelles. Doesn't it appear that perhaps one of your problems, one of your major problems, and I say this with no disrespect, but one of your problems in



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your leadership style and your own approach was how
unaware you were of how others were perceiving you
and acting to you?

A. That may be a problem but I
feel that right now I am such the focus and that
everything has been focused onto me so people are
able to voice everything --

Q. So, you are saying that other
people --

MR. STRATHY: Let her finish, that's
unfair to the witness.

MR. TOBIAS: Q. Go ahead.

A. I feel that because I'm there
everybody is able to give their opinion of me. If
it was for somebody else or anybody else on the team
I think we would probably be able to come up with more
or less the same comments, that's all, really.

Q. Do I understand you then to be
saying that in effect a lot of people may have been
having some problems but because I have become so much
the focus of all of this I am under the magnifying
glass and the problems seem a lot bigger when you are
talking their relationship with me? Isn't that what
you're saying?

A. Yes, that's right.



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Q. All right. I must admit that that is logical and I can certainly see your point, but wouldn't you agree with me that when Liz Radojewski talked about problems with interpersonal skills part and parcel of the problem must have been your lack of awareness as to how others were perceiving you. Can we go that far together?

A. I think though that her evaluation or the one - it wasn't a critical evaluation, I came away from that evaluation feeling very, very good. She was pleased with me as a new team leader and she was pleased with me as a nurse on the floor. An evaluation is a time for weaknesses. I didn't see that as being an overly critical evaluation.

Q. It may indeed not have been critical but would you agree with me that it was accurate?

A. Yes.

Q. Okay. Now, we have heard a great deal about one particular meal that you had in the fall of 1980 at the hospital. I feel almost as if I was there, I know exactly what everybody had to eat that night. Let me ask you this. You have indicated, and I don't mean to pry but it may be



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relevant, you have indicated in evidence here that yesterday you remember you brought some soup to the hospital that night, it was Chunky Chicken Soup if I recall your evidence.

A. Yes.

Q. Now, I take it that that was something that you had prepared at home to bring to the hospital?

A. No, it was Campbell's.

THE COMMISSIONER: I think you got it out of a can, didn't you?

MR. TOBIAS: That was exactly my question.

Q. You are not in the habit of cooking your own soup?

A. Well, I do cook.

THE COMMISSIONER: Well, I don't think it is a matter of condemnation. If it is of any help to you, Mrs. Trayner, I get mine out of the can too.

THE WITNESS: Good, thank you.

MR. TOBIAS: Well, I can't fault you for using Campbell's.

Q. All right, I take it that was something that you brought from home, that is, the can of soup was brought from home?



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CC 10

A. Well, I had opened up the can and put it into a Tupperware.

Q. Okay, that's what I was getting at. You opened up the can at home?

A. Yes.

Q. Put it into a Tupperware that you had at home?

A. Yes.

Q. Brought it to the hospital that way and put it in the fridge?

A. Yes.

Q. And I take it at that time you would have had no reason to seal it or anything like that?

A. No.

Q. And it was clearly identified in the fridge, was it, with your initials or your name or something like that?

A. I don't believe I had my name on it.

Q. Fine. Now, when it came time for your dinner break I believe that your evidence was that you went downstairs to use the microwave in the company of two other nurses?

A. Yes.



CC 11

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Q. One of them was Mary Jean

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Halpenny?

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A. Yes.

5

Q. Who was the other nurse?

6

A. I believe it was Mary Lyn

Barnett.

7

Q. Okay. And at that time you

8

obviously took the soup down in the Tupperware

9

utensil?

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A. Yes.

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Q. Did you heat it in the micro-

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wave in the utensil or did you have to pour it out

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into something else in order to heat it up?

14

A. No, I just heated it up in the

Tupperware.

15

Q. In the Tupperware itself?

16

A. Yes.

17

Q. And did you come directly back

18

then to the floor?

19

A. Yes.

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Q. And you would have sat down at

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that time with the soup at the table in behind the

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nursing station, the 4A nursing station?

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A. Yes.

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Q. And I take it was either at

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that time or very shortly thereafter you were joined
by Sui Scott?

A. Yes.

Q. And was Barnett and Halpenny
in your company throughout?

A. Yes, they were.

Q. From the time you took it out
of the fridge, went downstairs and heated it up and
came back upstairs they were always with you?

A. Yes.

Q. Okay, fine. Now, when you went
to sit down and have your dinner did you have the soup
from the same container that you had heated it in?

A. Yes.

Q. Okay, fine. You sat down, I
take it the soup was in front of you?

A. I'm sorry?

Q. The soup was in front of you?

A. Yes.

Q. And we have heard Sui Scott's
evidence, she came down with her salad, she mixed it,
tossed it and ate part of it and then was called away
to start an IV line?

A. Yes.

Q. All right. And during the time



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that she was there eating her salad I take it you were there? You didn't leave, did you?

A. No, I didn't.

Q. Okay. And you had your soup in front of you?

A. Yes.

Q. And you had offered her a taste and you had been drinking it yourself?

A. Yes.

Q. How much of your soup had you finished before she got up to leave and start the IV line?

A. I had a couple of tablespoons of it.

Q. Okay. And up until then you didn't notice anything strange in your soup?

A. No, I didn't.

Q. Okay, fine. And then after Sui Scott left to go away some time after that you found pills in your soup?

A. Yes.

Q. Now, between the time that she left to go to the patient room to start the IV and the time that you found the pills in your soup, did you get up and leave the table?



CC 14

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A. No, I didn't.

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Q. And was Barnett and Halpenny

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there at the table with you at all times?

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A. Yes, they were.

6

Q. And at all times with that soup

7

in front of you?

8

A. Yes.

9

Q. Okay. So that given all of those

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facts the only way the pills would have gotten into

11

your soup was, they had to have gotten there some time

12

between when you poured it into the Tupperware at home

and when you took it out of the fridge at work?

13

A. Yes.

14

Q. Okay. And it was in the fridge

at all times?

15

A. Yes.

16

Q. It was refrigerated?

17

A. Yes.

18

Q. So, if the pills had been put

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in then the pills would have been refrigerated,

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obviously?

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A. Yes.

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Q. Well, in fairness, if the micro-

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wave didn't work maybe the fridge didn't work, I don't

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know.

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Now, I just want to ask you one question. You are clear, you have a clear and present recollection with respect to one point, and that is, from the time you got back up to the floor until the time you found pills in the soup the soup was in front of you at the table?

A. Yes.

Q. Okay, fine. There has also been some evidence given, Mrs. Trayner, regarding the instructions to lock up the digoxin; those instructions I believe were given by Dr. Costigan and they were given some time shortly after 10:00.

A. Yes.

Q. On the evening of Saturday, March 21st.

A. Right.

Q. And you were asked how it was if you were finished giving the doses of digoxin shortly after 10:00, how it was that you waited until after 11:00 before you locked up the dig.

A. Right.

Q. Okay. And the explanation that you gave was that Susan Nelles had the keys and it would have been awkward to get the keys from her because she was in a double gown.

A. Yes.



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Q. I would like to explore that with you for a moment if I can, because I am not really sure that I understand your evidence. She would have had on her usual nurse's uniform?

A. Right.

Q. And that is a one-piece dress, is it, or a skirt and blouse?

A. Right.

Q. I am sorry, which one is it?

A. It could be both.

Q. Do you recall what it was that night?

A. No, I don't.

Q. And that would have, regardless of whether it was a one-piece dress or a skirt and blouse, it would have had pockets in it?

A. Yes.

Q. And I believe your evidence to Mr. Lamek was that there were two gowns over that which would have been tied at the back and at the waist?

A. Right.

Q. So that in order to get into the pocket one would have had to undo the gowns?

A. Right.



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2 Q. And put their hands inside?

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A. Yes.

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Q. And I believe you also said
that the keys were on a string around her neck, a
fairly long string so it would be around her neck and
then hanging down inside the two gowns into one of her
pockets?

8

A. Yes.

9

Q. And it is because of all of
that that it is somewhat awkward to get the keys from
her?

11

A. Yes.

12

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Q. What I am struck with is
this. Your evidence was that at about 11:50 Susan
Nelles gave you the keys?

14

15

A. Yes.

16

Q. Now, help me if you can,
why was it any more awkward for her to give you the
keys at 11:55, or any less awkward rather for her to
give you the keys at 11:55 than it would have been
for her to give you the keys shortly after 10?

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A. She didn't have Justin Cook in
her arms when she handed me the keys.

22

Q. I see. Are you telling me
that shortly after 10 when you finished giving her

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2 the digoxin, or you finished giving your digoxin,
3 that you went down at that time and asked her for the
4 keys?

5 A. I went in about 11 o'clock
6 to relieve her for her coffee break.

7 Q. Yes.

8 A. And when I had Justin in
9 my arms I told her to lock up all the digoxin while
she was out on her coffee break.

10 Q. Yes.

11 A. I --

12 Q. Well, when you finished doing
13 your administration of digoxin, shortly after 10,
14 I believe your evidence was and correct me if I am
15 wrong, that what you did is you did some paper work
until 11 when you went to relieve Susan Nelles?

16 A. Yes.

17 Q. So clearly between the time
18 you finished giving the dig. and 11 o'clock when you
19 went to relieve her you didn't go into Room 418?

20 A. No, I just told her I would
be back.

21 Q. So when you finished giving
22 the dig. shortly after 10 o'clock, you did not know
23 whether or not Susan Nelles had Justin Cook in her
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arms or not, you were not in the room?

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A. But I passed the room, I

had to go into the room to give Kevin - if I went into the room to give any medications to one of the babies in 418. Any time you walked down the hall you could see Justin Cook and Susan Nelles.

Q. I take it that was a few moments before you finished your dig. administration though?

A. Yes.

Q. How would you know then that she still had the baby in her arms when you were ready to take the keys from her after handing out the dig?

A. When I came back from handing out my digoxin to go into the medication room it is right beside Room 418 and Susan was still sitting there with the baby.

Q. And it would have been awkward I suppose for you to have taken Justin into your arms for a moment while she took the keys out and gave them to you?

A. Well I didn't see the need to - there was no urgency to lock up the digoxin. It was locking up when you, you know, when you are finished and I knew I was going to relieve Susan within half



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2 an hour to 45 minutes and she had the keys and I
3 didn't want to disturb Justin, he was very irritable.

4 Q. Let me ask you this. In
5 light of the fact that you were told first of all to
6 hold the digoxin?

7 A. Yes.

8 Q. Which was somewhat unusual?

9 A. Yes.

10 Q. And then you are told, yes,
11 go ahead and give it but double sign for it.

12 A. Yes.

13 Q. Which again is unusual. And
14 then, lock it up; because of the unusual nature of
15 those instructions did you not perceive some urgency
16 to it?

17 A. No, because when Dr. Costigan
18 came up it wasn't - he didn't tell us to lock it up
19 immediately. He said "Go and give out your digoxin
20 and have someone double check and then double sign
21 them, and when you are finished lock them up for the
22 night". I didn't perceive any urgency at all, we had
23 digoxin on the floor for all three years.

24 Q. And do you agree with me that
25 in respect of the awkwardness of the exercise in any
event, that really Susan Nelles could have merely



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2 removed the keys by taking the string that the key
3 was on over her head, pulling it upwards, it would
4 have come out of her pocket and there would have been
5 nothing awkward about that, providing she wasn't
6 holding the baby.

7 A. But she had other things in
8 her pocket that would have - she would have her pen
9 holder, she has her scissors, she has pieces of paper,
10 she has other things, her change purse and everything,
11 that she would have probably pulled everything else
12 out of her pocket trying to get the keys out.

13 Q. Do you agree with me that
14 because the digoxin wasn't locked up as soon as you
15 finished your digoxin administrations the effect in
16 effect was that digoxin was accessible really to
17 anybody at least up until the time that you went in to
18 relieve Susan Nelles and caring for Justin Cook?

19 A. Yes.

20 Q. That was the net effect of
21 that?

22 A. But it had been available for
23 years.

24 Q. Now again we have heard
25 evidence both from Susan Nelles and from Lynn Johnstone
specifically regarding the locking up of the digoxin,



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2 and regarding the incident of the keys. I was struck
3 by one thing in particular. It appeared to be the
4 evidence of Lynn Johnstone and this, Mr. Commissioner,
5 is in Volume --

6 THE COMMISSIONER: It doesn't matter.

7 MR. TOBIAS: I think you are aware of
8 the evidence.

9 THE COMMISSIONER: You go ahead.

10 The only thing I would like to say Mr. Tobias, we have
11 had this out before, this may be digoxin, this may be
12 a general subject, but we have spent a great deal of
13 time on Justin Cook whose parents you are not
14 representing.

15 MR. TOBIAS: This question really has
16 nothing to do with Justin Cook other than the way in
17 which you may characterize his death.

18 THE COMMISSIONER: All right.

19 MR. TOBIAS: I can also advise you,
20 sir --

21 THE COMMISSIONER: No, no, you have
22 covered everything that has been covered by everybody
23 else before and we are getting the same answers we
24 got before.

25 MR. TOBIAS: Just to prove to you I
can take a hint it was one of my last one or two



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questions anyway.

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THE COMMISSIONER: Very well.

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MR. LAMEK: Mr. Commissioner, it is also entirely contradictory to Miss Nelles' evidence as well, which is rather corroborative of Mrs. Trayner's evidence.

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MR. TOBIAS: That's fair, yes.

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THE COMMISSIONER: It is two to one, the question should be put to Mrs. Johnstone, but still you can try it with Mrs. Trayner if you wish.

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MR. TOBIAS: Q. Well let me frame the



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question this way. Mr. Lamek is quite right. Miss Nelles' evidence is closer to your version, it does correspond with that. Other than the fact that Mrs. Johnstone may just clearly not recall the events as clearly as you, there is certainly no other explanation you can think of. You are clear in your own mind that they were returned to you when Susan Nelles came back while you were relieving Justin Cook at 11:55?

A. Yes, sir.

Q. And that is a clear and distinct recall, there is no question in your mind about that?

A. No, there isn't.

Q. So you agree then with Susan Nelles and disagree with Lynn Johnstone's recollection.

MR. TOBIAS: Thank you, those are all my questions. Thank you, sir.

THE COMMISSIONER: Mr. Shanahan.

MR. SHANAHAN: Mr. Shinehoft would like to go before me because of his bus.

THE COMMISSIONER: I hope the bus is at quarter past three, because we are going to take a break at a quarter past three.

MR. SHINEHOFT: They tell me, Mr.



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2 Commissioner, they are running until midnight, they
3 are putting on a special but I don't believe it.

4 CROSS-EXAMINATION BY MR. SHINEHOFT:

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5 Q. Mrs. Trayner, my name is
6 Jack Shinehoft and I represent the parents of Kevin
7 Pacsai. From your evidence that you have previously
8 given you have some recall about this child?

9 A. Yes.

10 Q. Now this child was admitted
11 to the Hospital on March the 11th of 1981. It is my
12 understanding that you were on the long night shift
13 that night, is that correct?

14 A. Yes.

15 Q. When did you arrive at the
16 Hospital, if you can remember?

17 A. It would be before 7:15 that
18 night.

19 Q. What would have been the
20 first thing you would have done upon your arrival
21 at the Hospital?

22 A. I would have checked the
23 assignment book. You mean on the floor, or at the
24 Hospital?

25 Q. Yes, you would have come to
the Hospital and there were certain procedures I think



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you would have followed as your normal course, is that
not correct?

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A. Yes.

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Q. What would they have been?

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A. I would have changed into my

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nurse's uniform. Then come upstairs, I would have

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checked the assignment book, checked to make sure

that all the children were covered.

9

Q. And when you checked the

10

assignment book you would have noted that Miss Nelles

11

was taking care of one of the babies on 4B, is that

12

correct?

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A. I would have known that she

was on relief to 4B.

14

Q. And that would have been the

15

first time you were aware of it?

16

A. Yes.

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Q. Would you have been aware of

18

the child that she was taking care of on 4B?

19

A. No, I would not have been.

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Q. And then you would have had

a meeting, is that correct?

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A. Yes.

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Q. And the meeting would have

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been from the day shift?

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A. Yes.

Q. And would there be any discussion about any of the children on 4B at that meeting?

A. No, there wouldn't be.

Q. Even though Susan Nelles, one of the members of your team, was in fact taking care of a child on 4B there would be no mention of that child?

A. No.

Q. And you would be given at the meeting the tour end reports, would you not?

A. No, the supervisor had the tour end reports, I would get reports from the team leader on day shift.

Q. Would you get report, would it be for children that were on 4A and 4B, or just 4A?

A. 4A.

Q. So I gather from what you are saying that you had really no information as to the clinical status of Pacsai, the Pacsai baby when you initially arrived on shift?

A. That's right.

Q. Is that correct?



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A. Yes.

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Q. You didn't see Susan Nelles,

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or did you, prior to the Manojlovich arrest?

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A. I saw her about, just right

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after report, probably about quarter to eight, 8

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o'clock.

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Q. And at that time was she

9

taking care of the Pacsai child?

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A. She was in 431, yes.

11

Q. Was there any discussion

about the Pacsai child at that time?

12

A. The only discussion I

13

remember about the baby was that he had not been fed,

14

he had not been fed before Susan Nelles came on duty.

15

Q. It is my understanding that

she was somewhat upset at that?

16

A. Yes.

17

Q. Because she thought it was

18

the obligation of the day shift to have fed the child

19

before she arrived?

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A. Yes.

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Q. And what about this child's

clinical condition, was there any discussion at all

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about what was wrong with the child and why she was

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taking care of him?

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A. Yes.

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Q. And what about this child's clinical condition, was there any discussion at all about what was wrong with the child and why she was taking care of him?

A. No.

Q. Now you have indicated that your first real involvement with the child occurred after the Manojlovich arrest when you went to see her, is that correct?

A. That is correct.

Q. And from the time that you were on shift to the time that you saw her after that arrest you - except for what you have told us now, you really did not have any involvement or conversations with Susan Nelles?

A. Not that I can recall, no.

Q. And you indicated, the reference is Volume 130, page 382, line 18 that Susan Nelles made the comment that: "This baby worries me", do you recall saying that?

A. After the Manojlovich arrest?

Q. After the Manojlovich arrest.

A. Yes.

Q. And how long had you been



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talking to her, or in the room, when she made that
comment to you?

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A. I think I had gone out for
a cup of coffee after the Manojlovich arrest and had
finished my coffee and had gone into the room to see
if Susan needed any help doing signs for her other
children, or if there was anything I could get for
her. I guess I was there a few minutes and the cardiac
monitor was going very funny, very high, very low.

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Q. I believe your evidence was
that it was doing strange things?

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A. Yes.

Q. And had you ever seen a
cardiac monitor doing those strange things before?

A. Yes, I had.

Q. And would that be a fairly
common situation of this type of viewing or this type
of result on the monitor?

A. It was not extremely odd or
extremely unusual, but it would not be a regular
occurrence on the floor.

Q. Was it at that time that
Susan Nelles related to you her concern about the baby?

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EE/EMT/LN

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A. I think it was when she was starting to feed the baby, that she said something to the effect that the baby worries me.

Q. And you went on to say further: "He seemed to be arching a little bit. He seemed to be jittery. His eyes were kind of rolling."

A. Yes.

Q. Do you recall those observations.

A. Yes.

Q. And would this again be a common thing that you would see in the course of your taking care of these babies?

A. Well, it is not a normal event, no. Abnormal for that.

Q. Did you characterize it as a very unusual event?

A. Not unusual, but it is not what we expect from the children. It's not like when we knew this child was sick, knew that there was something wrong with the child.

Q. As a matter of fact you knew enough and so did Miss Nelles that you felt it incumbent upon you to call for a doctor?

A. Yes, that's correct.



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Q. You have given evidence that two
doctors came, Dr. Ning and Dr. Kantak.

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A. Yes.

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Q. You, I believe, indicated that
Dr. Ning was the cardiac fellow?

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7

A. Yes.

8

Q. Now what exactly is that?

What does he do?

9

A. He is - I don't know how many
years away from being a cardiologist; a year or two
years. He has done a residency in cardiology and
now is specializing in paediatric cardiology.

10

11

12

Q. He is in charge of the residents?

13

A. Yes.

14

Q. And the other medical personnel
at night?

15

16

A. Yes.

17

Q. So other than a cardiologist he
would be the senior person on staff; is that right?

18

19

A. Right.

20

Q. And do these doctors rotate and
do they have normal working hours?

21

A. The cardiac fellows?

22

Q. Yes.

23

A. They take turns on being on call

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at night.

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Q. And are they there at the

4

Hospital?

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A. They are not required to stay

6

at the Hospital, but sometimes they may sleep there,

7

but they are not required to.

8

Q. Okay. Now your information or

9

I believe your evidence, that you called to speak to

10

a doctor because of the concern that you had over the

11

condition of the Pacsai baby, and both of these

12

A. Yes.

13

Q. How long did they examine the

14

child for?

15

A. Not very long. I think Dr. Ning

16

might have been there for about two minutes, three

17

minutes, if it was that long at all.

18

Q. What about Dr. Kantak?

19

A. About the same time.

20

Q. And do you recall that specifically?

21

A. I recall Dr. Ning coming in and

22

being there for a very short time and leaving, and

23

Dr. Kantak being called. Dr. Kantak came in first

24

and did a quick examination and then he asked for

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Dr. Ning to come in.



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EE4

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Q. Do you recall specifically both
doctors leaving?

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A. I specifically recall Dr. Ning
going home, walking down the corridor.

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Q. I understand that, but what about
Dr. Kantak? Do you recall Dr. Kantak leaving the
room?

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A. Yes.

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Q. Because, Mrs. Trayner, Dr.
Kantak gave evidence at the preliminary hearing, and
his evidence would seem to be a little different
than the evidence that you recall, and I am referring
Mr. Commissioner, to Volume 25, ii, at page 1.

14

THE COMMISSIONER: 25, ii, Volume 25?

15

16

MR. SHINEHOFT: Volume 25 of the
evidence given at the preliminary hearing but it
is subdivided apparently, Mr. Commissioner.

17

THE COMMISSIONER: Page 1?

18

MR. SHINEHOFT: Page 1, that's correct.

19

20

Q. His evidence, and if you like I
will read it to you Mrs. Trayner, was at line 9 when
asked by Mr. McGee:

21

22

"Q. All right. Did you see the baby
again.

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A. Yes, I was with the baby all the
time until the baby was transferred



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to the intensive care unit. Dr. Ning left after discussing with me and saying that we just wanted the baby over night watched."

Now it would appear from Dr. Kantak's evidence that he never left the room.

A. That's wrong.

Q That's wrong? So you are saying that you recall specifically Dr. Kantak leaving the room because your evidence is somewhat different. The evidence that you gave at the preliminary hearing, and I refer, Mr. Commissioner, to Volume 4 -

THE COMMISSIONER: Is it different from what she is giving now?

MR. SHINEHOFT: No.

THE COMMISSIONER: No, well I don't think we need to refer to it.

MR. SHINEHOFT: After he had left I understand you still were - or after the two doctors had left, I understand you were still concerned about the condition of this baby?

A. Yes.

Q. And what did you do?

A. Lynn Johnstone, the night supervisor, was called and she came down to the floor



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and she came in to observe the child and I think she had asked Dr. Kantak to phone Dr. Costigan to see if he would come up from ICU to examine the baby.

4

5

Q. Did you do anything in terms of trying to speak to Dr. Kantak before calling Mrs. Johnstone?

6

7

8

A. Well, we had - Susan had asked him to do some blood work and to examine the baby, to listen to his heart rate, to I think do an ECG or at least look at the strip that we had had for him.

10

11

Q. What did Dr. Kantak do in response to that request?

12

13

A. He said that he didn't see the need for it right now.

14

15

Q. So he refused?

16

17

Q. And is that when you decided to call Mrs. Johnstone?

18

19

A. We called Mrs. Johnstone because we were having another problem on the floor as well, and we needed some assistance with Mrs. Manojlovich.

20

21

Q. Yes, I see.

22

A. So Lynn was coming.

23

24

Q. I see, but partly the reason for calling Mrs. Johnstone who was your supervisor

25



EE7

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2 was to see what could be done in order to help the
3 Pacsai child?

4 A. Yes.

5 Q. Would it be fair to say that
6 you were still very concerned about the clinical
7 condition of that child at that time?

8 A. Yes.

9 Q. And how long did it take for
10 Mrs. Johnstone to come to your ward after you called
11 her?

12 A. I guess within five minutes.

13 Q. And how long did it take to
14 convince Dr. Kantak to call Dr. Costigan after her
15 arrival?

16 A. That may have taken close to
17 10 minutes, I think. Fifteen.

18 Q. So there was a 20 minute gap or
19 delay from the time you want something done to the
20 time that Dr. Costigan arrived at the baby?

21 A. I believe so, yes.

22 Q. How long did it take Dr. Costigan
23 to make the decision that that child should be in
24 ICU?

25 A. He looked at the ECG strip that
we had had on the cardiac monitor and did a quick



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assessment of the child and told Susan that he would make arrangements for the baby to go to the intensive care unit. He was doing that and he then came back and did some blood work for the baby.

Q. Right. But would it be fair to say it took about five minutes or less for him to come to that conclusion that the child should be transferred to the ICU unit?

A. Yes.

Q. Was he concerned about the child?

A. He seemed to be, yes.

Q. Did he express his concern to you?

A. Yes.

MR. SHINEHOFT: Mr. Commissioner, I'm probably going to talk about or go into a different area and perhaps it would be appropriate -

MR. COMMISSIONER: Yes. How are we making out as to time?

MR. SHINEHOFT: I should be well less than an hour. I might even be another fifteen or twenty minutes.

THE COMMISSIONER: You realize we still have to receive Mr. Thomson and Mr. Lamek after this.

MR. SHINEHOFT: Yes, I will certainly



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try to be brief, Mr. Commissioner.

THE COMMISSIONER: Well, I think we will make it ten minutes. I think that is all we can afford.

MR. SHINEHOFT: Fine, but I won't be an hour in total.

THE COMMISSIONER: All right. We will be back here at 25 past 3.



TF/BB/dg

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--- on resuming

THE COMMISSIONER: Yes, Mr. Shinehoft.

MR. SHINEHOFT: Thank you, Mr. Commissioner.

Q. Mrs. Trayner, we were at this stage where Dr. Costigan examined the child and decided very shortly thereafter that the child should be admitted to ICU, is that correct?

A. Yes.

Q. Were you involved in the transportation of the child to the ICU?

A. I accompanied Susan and Dr. Costigan down with the child.

Q. Just the three of you?

A. Yes.

Q. Was the baby in a crib?

A. Yes.

Q. Did you see Mrs. Christie at any time at the nursing station during your transportation of the child to the ICU?

A. No, not that I can recall.

Q. You went to the ICU and you stayed there for how long a period of time?

A. It was just a few minutes. Dr. Costigan had already given them a report on the child



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and Susan was just telling the nurse as we were
coming in what was happening with the baby.

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Q. My understanding is that Dr.
Costigan stayed with you and Miss Nelles returned
to the fourth floor.

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A. Yes.

7

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Q. And then you completed your
shift and you went home?

9

A. That's right.

10

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Q. And then the next day you found
out that the baby had died?

12

A. Yes.

13

Q. You weren't aware of the baby's
death prior to your coming to work the next day?

14

A. No, I wasn't.

15

16

Q. What was your reaction when
you found out that the child had died?

17

A. I was surprised that he had
died.

18

19

Q. And what was Susan Nelles'
reaction to the death of the child?

20

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A. I think she was surprised as
well.

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Q. I understand that she was
upset as well, is that correct?

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A. Yes.

Q. And were you upset?

A. Yes.

Q. Do you recall giving this evidence at Volume 4 of the preliminary hearing at page 927?

THE COMMISSIONER: Is it different from --

MR. SHINEHOFT: Q: It is just that I want to know if she confirms this evidence.

THE COMMISSIONER: Well, just ask her the question. You don't need to read from the preliminary unless it is something contrary to what she has said already.

MR SHINEHOFT: Q. Well, do you recall stating that --

THE COMMISSIONER: No, No, just simply ask her, were you suprised or were you not surprised, or whatever you want.

MR. SHINEHOFT: Q. You were surprised at the death of the child and you were worried and concerned?

A. Yes.

Q. Did you feel that the child would have still been alive today or possibly been



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alive today if different medical treatment had been rendered to the child?

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MS. THOMSON: I'm concerned by the direction of that question simply because of the testimony that is already contained in the preliminary inquiry and also the mandate which you have been given in this inquiry.

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THE COMMISSIONER: It is the cause of death of the child. I suppose if there is some wild case of negligence that might have something to do with the cause of death, some different treatment. As I have said many times my real concern about the treatment is the possibility of a massive overdose of digoxin. I don't consider that this is a case involving negligence. Is this what you are trying to suggest? What is the nature of this evidence?

17

18

MR. SHINEHOFT: There may very well be a third possibility or a combination of two possibilities, Mr. Commissioner.

19

20

THE COMMISSIONER: What's the possibility?
MR. SHINEHOFT: Well, the one possibility is death by an overdose of digoxin.

21

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THE COMMISSIONER: Yes, and what's the other one?

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MR. SHINEHOFT: Well, natural causes



FF5

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2 and there is perhaps a third possibility in com-
3 bination with the death as a result of a overdose of
4 digoxin and that is some improper medical treatment
5 rendered to this child.

6 THE COMMISSIONER: With a digoxin level
7 of 25 you say there is some question of something
8 improper, other than a massive overdose of digoxin
9 either accidental or deliberate.

10 MR. SHINEHOFT: I certainly feel
11 strongly that way.

12 THE COMMISSIONER: Well, if you want
13 to put the question you can put it but it is going to
14 be a very difficult one with the reading this child
15 had.

16 MR. SHINEHOFT: I appreciate that but
17 there is also some concern on my part this child
18 didn't get to the ICU when the child should have gotten
19 to the ICU and about the treatment.

20 THE COMMISSIONER: You think that would
21 justify a Royal Commission?

22 MR. SHINEHOFT: No, but I think it is
23 a point that should come out.

24 THE COMMISSIONER: Mind you, a Royal
25 Commission doesn't seem to be able to do much anyway.
Do you think they would have^a Royal Commission because



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some child was not put into the ICU quite as soon as he might have been?

MR. SHINEHOFT: No, not at all, but I think it is a point that might be relevant to the issues before it.

THE COMMISSIONER: Allright, go ahead. I always lose these arguments, I might as well surrender now.

MR. SHINEHOFT: Q. Mrs. Trayner do you recall the question I asked?

A. Yes.

Q. Do you have an answer to that question?

A. That was a possibility that we thought of, yes.

Q. Thank you. Now, you eventually found out that this child had a level of 25?

A. Yes.

Q. And I believe you gave evidence that that level astounded you; is that a fair comment?

A. Yes.

Q. That you even thought there was a decimal point error that could result in that level?

A. Right.

Q. Had you ever seen a level of that



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magnitude before?

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A. No, I haven't.

4

Q. Can you think of any way

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that it might have been achieved by an accidental
overdose of the drug?

6

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A. How they would have achieved
the level 25?

8

Q. Yes.

9

A. Unless it was just an accidental

10

overdose.

11

Q. Do you think you could

12

achieve that level through an accidental overdose or
do you have any comment about that?

13

14

A. I really don't know. It
would have to depend on, you know, the drug and the
strength and the amount.

15

16

Q. Do you have any doubt that

17

the child did somehow receive digoxin?

18

A. Well, I knew that there was

19

just a question about this child because he was
transferred from McMaster Hospital.

20

21

Q. Yes, I am interested in that

22

because you say at page 593, Volume 133, line 10, you
say something like 'He was a query dig. toxicity from

23

McMaster Medical Centre'.

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A. Yes.

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Q. Now, I want you to know that

4

this is the first time that anyone has queried the

5

levels of his digoxin at McMaster Medical Centre.

6

First of all, do you know what his levels were at
McMaster?

7

A. No, I don't.

8

Q. Well, if I were to tell

9

you that they were 1.8, and I have the references

10

in the transcripts at the preliminary hearing for

11

that, would you be surprised? Would you consider

12

that a therapeutic level?

13

A. Yes.

14

Q. So, I would like to know

15

what caused you to be concerned about his digoxin

16

level at McMaster Medical Centre?

17

A. Because Michael Schaffer

18

told us that he was a query and Mary Jean Halpenny
had told me that as well.

19

Q. But did you make any

20

enquiries as to what his levels were at McMaster?

21

A. No, I don't think I did.

22

Q. You don't think you did?

23

A. No.

24

Q. But you would agree with me

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that the levels that were indicated through his
digoxin regimen at McMaster Medical Centre were
within therapeutic levels?

5

A. Yes.

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Q. Do you have any evidence as
of this date, Mrs. Trayner, to indicate that there was
anything abnormal about his levels at Hamilton?

8

A. No, I don't.

9

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Q. Now, you were cross-examined
by Mr. Hunt and at that time you said that it was
after this baby's death, Kevin Pacsai's death you
became aware that a lot of the deaths occurred when
you were on duty at night?

14

A. Yes.

15

Q. Is that correct?

16

A. Yes.

17

Q. And that you also indicated
you spoke to a doctor about that?

18

A. Yes.

19

Q. Which doctor did you speak
to?

20

A. Dr. Michelle Heilbut.

21

22

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Q. And what exactly - I believe
you did mention her name this morning but what exactly
was said to you by this doctor?

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A. I can remember just asking her or telling her that all these children were dying at night and it was her response that all the children's systems slow down at night and that would be a reason as to why they were dying at night.

Q. This child had a diagnosis at McMaster Medical Centre of paroxysmal auricular tachycardia. Are you familiar with that condition?

A. Yes.

Q. You may not be familiar with my pronunciation of that condition but are you familiar with the condition?

A. Yes, I am.

Q. And it is my understanding that this is not an uncommon condition in young children?

A. That's correct.

Q. You have seen a number of babies with this condition?

A. Yes.

Q. And it is my understanding that it's an electrical conduction problem of the heart?

A. That's right.

Q. And that they try and regulate



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that through medication and most often that is very
successful; would you agree with me?

3

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A. Yes.

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Q. And that they are given a
program of digoxin for approximately six months to a
year and then after that they go on to lead perfectly
normal lives. Would you agree with me with that?

8

9

A. Yes.

10

Q. Were you aware that this
was the diagnosis of Kevin Pacsai at Hamilton?

11

A. I don't believe so, no.

12

13

Q. Had you been made aware
subsequent that that was the concern that they had
about this child?

14

15

A. I can't remember if I read
that in this chart or not.

16

17

18

Q. But in your experience in
cardiology and, more particularly paediatric cardiology,
have you ever seen a child die of that condition?

19

A. No.

20

MR. SHINEHOFT: Those are all my
questions, thank you very much.

21

22

THE COMMISSIONER: Fine, thank you.

23

Mr. Shanahan?

24

25



1 CROSS-EXAMINATION BY MR. SHANAHAN:

2 Q. Mrs. Trayner, my name is
3 Shanahan and I act on behalf of the parents of the
4 Dawson and the Lombardo children. I am the last person
5 here and I will try and not plough the same turf twice.

6 If I could just take you through the
7 events that you gave to Mr. Lamek with respect to the
8 child Amber Dawson. If I summarize them here perhaps
9 you can tell me if you agree with them. Amber Dawson
10 who was a child of 11 months of age.

11 A. Yes.

12 Q. And she had been in the
13 Hospital on two prior occasions. She had had a
14 pulmonary artery banding earlier on and then had come
15 back and had the banding removed and another operation
16 done in May of the same year that she died.

17 A. Yes.

18 Q. All right. She was a child
19 that came back essentially because of her failure to
20 thrive, am I right there?

21 A. Yes.

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GG/DM/LN

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Q. And there was no, as I have put it, precipitating events, she hadn't taken a turn a particular turn for the worse, it was simply that she was not gaining weight?

A. Yes.

Q. There was no immediate surgery planned when she came into the Hospital, and she hadn't had in the duration of her stay there any surgery whatsoever?

A. That's right.

Q. She is in the Hospital a total of five days before she dies?

A. Yes.

Q. And you know her to, in the meantime between the last operation and this reattendance at the Hospital, to have been on digoxin and that digoxin had been given to her by her mother.

A. Yes.

Q. And you knew her mother, and you knew the child from the earlier occasions?

A. Yes.

Q. And you knew the mother as well was from out of town, from Sudbury?

A. That's right.

Q. And while here in Toronto really



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she had very little else to do other than to attend more or less continuously at the Hospital with the child for that five days?

A. Yes.

Q. She is not on shared or constant care?

A. That's right.

Q. And she is really just, if you like, being assessed as to what do we do about either feeding her or doing something about this diaphragm problem?

A. Yes.

Q. And then Ma'am on the final day you indicate that, as I saw it here, that you and the other nurses notice a change in her behaviour, and as well as that other doctors notice a change in her behaviour; am I right.

A. Yes.

Q. As a matter of fact you commented that Dr. Reynolds, Mr. Lamek does it as well as I can so I will read it; Dr. Reynolds in fact said:

"So you said to me something worries him about Amber but he didn't know what it was. He was concerned that something was wrong with Amber but he couldn't



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point, he couldn't put his finger on it."

A. Yes.

Q. All right. So clearly he was perceiving a problem there. I think you realized as well, as you said here, just what you told Mr. Lamek the other day:

"I thought they had done blood cultures on her and he started her on some antibiotics and Amber didn't look, she didn't look the same as she had done the night before. She wasn't peppy, she wasn't smiling."

Q. She looked lethargic?

A. Right, it wasn't the same Amber Dawson from the night before."

And again when you were asked about a clear recollection of her, you answered:

"No, not a clear recollection. I remember she wasn't the same as the night before, she was more lethargic then the Saturday evening."

I take it from that then that as well as Dr. Reynolds noticing the change, those nurses that had dealt with her on previous occasions and in the previous days also were clearly picking up on



GG4 1
2 that last evening, that last night, that Amber
3 Dawson was changing, her characteristics were changing.

4 A. Yes.

5 Q. And the changes seemed to be
6 from a child that before that, whatever her ailments
7 and complaints, was as you have put it peppy and
8 smiling.

9 A. Yes.

10 Q. And so as she became increasingly
11 lethargic, as the vomiting increased, she got sicker,
12 everybody is there, the bell started going off in
13 peoples' minds about Amber?

14 A. Yes.

15 Q. Her mother is not there towards
16 the end, is she?

17 A. No, she was not.

18 Q. She had gone home that night.

19 A. Yes.

20 Q. Amber Dawson dies. I think you
21 have indicated about the arrest and about the
22 disagreement at the arrest. The only thing that
23 really interests me there Ma'am, is not so much the
24 differences you and Miss Nelles might have had about
25 a code 23 or a code 25, as the fact that when one of
you felt that a code 23 was required, Miss Nelles



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as between the 23 and the 25, the discussion, it seemed to me you might have been discussing that aspect about is there a pulse, is there a pulse, should we do 23 or 25, that might have consumed fifteen, thirty seconds, very short.

A. It was a very short time, yes.

Q. And what struck me was that then really was how rapid the deterioration of Amber Dawson must have been that those events of thirty seconds would have really decided the issue, it was beyond question that she was clearly a code 25 and her heart had stopped?

A. That's correct. The 23 was on its way out at the time.

Q. I appreciate it. The 23, was on the face of it, well, we have still got a pulse and I think it should be 23 said Susan Nelles. You overruled --

THE COMMISSIONER: I'm sorry, what do you mean it was on its way out?

THE WITNESS: Susan and I were discussing whether should we call a 25 and Susan said, no, I think we should call a 23. Someone that was going by the door heard Susan say 23 and was going to call a 23. When they were calling we yelled out to call



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2 a 25 instead.

GG6 3 Q. I am saying to you really that
4 I appreciate all these babies went quickly and they
5 deteriorated rapidly, not only was there a rapid
6 deterioration from night to night, but even in the
7 final minutes and hours and even seconds here, Amber
8 Dawson really just, you might say, falls off the
end of the table, she goes so quickly.

9 A. Yes, she did.

10 Q. That caused surprise and Dr.
11 Rowe has said, and I think you have said it was
12 obviously a sudden death and it was an unexpected
13 death.

14 A. Yes.

15 Q. You didn't perceive Amber Dawson
to be at any heightened risk?

16 A. No, I didn't.

17 Q. And you didn't think if she was
18 going to die she wasn't going to die that night as
19 it appeared to you when you started your shift?

20 A. Yes.

21 Q. That concern then, there is the
22 concern of Reynolds and the nurses before her
23 death and that concern continues after. There is a
24 reference in the death note by Dr. Reynolds, there
25



1
2 is a final report note I won't take the time to
3 read it to you, it says:

GG7 4 "The reasons for her death are unclear"
5 He said that.

6 A. Yes.

7 Q. And later we have a suggestion
8 in the communications book that Dr. Contreras as
9 well has been concerned about the lack of clarity
10 about her cause of death, do you recollect his input
there too after her death.

11 A. I think so.

12 Q. Clearly as well too some three
13 days later, on the 31st there still is a concern
14 and that is in the communication book about a little
15 meeting there on July 31st and Mr. Lamek has pointed
16 that out. You didn't know whether you were at that
meeting, did you.

17 A. No, I don't.

18 Q. All right. So you at some
19 point in time you read about what was put there
20 by Liz Radojewski;

21 "Re recent death the news of cause
22 for Amber is still unknown"
23 And by cause you knew that to mean cause of death?

24 A. Yes.
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Q. All right:

"P.M., post mortem was done yesterday will get more information later but it seems there is a element of 'surprise' re her cause of death."

A. Yes.

Q. So some three days later there is still interest and there is still concern about Amber Dawson and the cause of death and there is still not an answer.

A. Yes.

Q. I noticed on the bottom here too the 5th of the eighth, that would be August 5th, Dr. Rowe commented:

"Our recent deaths were all because of an anatomy, could not be fixed".

A. Yes.

Q. Just jumping ahead there, I am just, momentarily we will get to Amber Dawson's final autopsy report, but that certainly would not apply to Amber Dawson about anatomy which couldn't be fixed. As you know now having seen the autopsy report, her anatomy was fixed.

A. Yes.

Q. Following on the next page,



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2 Ma'am, it is very short and that it really why I
3 am not showing them to you, they have been put to
4 you before. By August 8th, there is a reference
5 on Amber Dawson and it says:

6 "The post mortem showed an abcess on the
7 diaphragm. The Coroner has told Mum
8 about this and that it would be
9 difficult to diagnose even with x-ray.

10 A full report is to follow in two
11 months time."

12 A full report would have followed
13 then roughly around October.

14 A. I guess so.

15 Q. And sure enough the autopsy
16 report does come through in October. You have had
17 put to you here by other Counsel about normal hearts
18 and surprising cause of death.

19 I suggest to you Ma'am that never ever
20 have you ever had put to you a child in paediatrics
21 and cardiology, the cause of death has been an abcess
22 on the diaphragm. That is really a strange one to you,
23 isn't it.

24 A. I have never heard of it before.

25 Q. I suggest to you too Ma'am that
although your job, your role was to go on and keep



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functioning and keep assisting babies, that really
did not explain to you, not only that Amber Dawson
died, but the way that she died so suddenly.

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A. I would have to say that I took
the diagnosis of the abcess on the diaphragm as being
what they thought her cause of death was and after
the letter from Mrs. Dawson I felt better about it.

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Q. They are two unrelated events
here. Just in terms of the cause of death here, you
say "you took the abscess on the diaphragm", but
in fairness I submit to you that you had never seen
that before as the cause of death.

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A. But then I'm not the pathologist
either.

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Q. When the pathologist report
does come through, and at the very least you have
seen it here in this Commission, Mr. Lamek took you
through it. It concludes Dr. Cutz at the Sick Kids
that in fact he could find no anatomical cause of
death for Amber Dawson.

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A. Okay.

Q. And you have seen that.

A. Yes.

Q. And it is concerning, isn't it?

A. Yes.



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Q. Now part of the concern here was
Mother. Mother was not around and you were looking
out for Mother.

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A. Yes.

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Q. You speak - you have a discussion
with Carol Brown the following morning because you
are concerned that I am about the leave and I know
the Mother is going to come in, Carol, can you deal
with the Mother of Amber Dawson.

9

10

A. Yes.

11

Q. And I suggest to you Ma'am
that really what you are anticipating was that you
knew too that the Mother was reasonably informed
about the health and welfare of her child having
cared for her over the months at home. You knew
that such was the turnabout in Amber Dawson's
condition that when Mother came in the following day
she was going to be astonished, wasn't she?

17

18

A. Yes, due to the events of the
night that we couldn't get in touch with her.

19

20

Q. I am sure, you knew too that
there was going to be level of surprise and astonishment
on her part too and you really felt that you had
better intercept her before she got to Amber's room.

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A. Yes.

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Q. You say as well then that some of the concern that developed was that Mother really wasn't content. First of all she certainly was asking questions and wanted to know how her child died?

A. Yes.

Q. She was quite prepared to have an autopsy done to further finding out the cause of death?

A. Yes.

Q. But her concern was that at that time she didn't want the Hospital for Sick Children to do that autopsy?

A. That's right.

Q. I think Mr. Lamek put it straight to you here, at least you said:

"She seemed to be so upset and the doctors couldn't give her a good reason that she was satisfied with the why Amber had died.

So there was more or less an element of concern on the floor. Was there an answer"

It says "from Mrs. Dawson" and I am sure the answer should be "for Mrs. Dawson". Was there



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a reason why Amber had died when she finally found out that Amber had died she didn't want the autopsy done at the Hospital she wanted to take the baby to Sudbury and have the autopsy done there. Later Mr. Lamek says:

"And why if anything happened did Mrs. Dawson give you the impression that she rather doubted she was getting straight goods from the Hospital, was that part of the problem"

And your answer was:

"The impression I had was she wanted to have the autopsy done in Sudbury because she was afraid the Hospital would cover up something or not tell her the truth and that is why she wanted an independent autopsy done."

A. Yes.



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Q. To be quite clear here, your impression of Mrs. Dawson was that she was a concerned mother?

A. Yes.

Q. All right. But I would suggest to you as well that she didn't appear to be - well, we have heard of some irrational sort of actions of some of the parents, banging their heads against the wall and some threatening suicide. I would suggest to you that Mrs. Dawson was forthright. She was concerned.

A. Yes.

Q. She expressed those concerns, but she wasn't out of control?

A. That is right.

Q. And I would suggest to you that she clearly put to you and conveyed to you that she did not accept the sudden turnaround in events there, that in fact she felt something untoward had happened that final night?

A. I don't know if I got that impression from her. I knew that she was upset and that she couldn't believe what had happened. She wanted some answers that she could deal with, and she wasn't getting them from myself or from Carol Brown or from the doctors.



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Q. All right. Well, the answer

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there "She seemed to be upset; the doctors couldn't

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give her a good reason", it seems to me, I gather

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from that that you and the doctor tried some reasons

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on her. I am not suggesting you fabricated them,

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you perhaps picked what might seem logical to suggest

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to her, but reasons were being given to her, and that

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this lady was simply telling you straightforwardly

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that that just didn't explain it to her why this child

11

would live to 11 months and die five days after I

12

brought her down here because she wasn't getting on

and gaining weight.

13

A. Yes.

14

Q. All right. And to you too, in

15

fairness, before you knew any results, you were having

16

difficulty dealing and explaining to her and giving

her a rational answer, weren't you?

17

A. Yes.

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Q. All right. That I suggest to

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you really, ma'am, that when she said about taking

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the baby to Sudbury for an autopsy - I think you more

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or less said it to Mr. Lamek - it was clearly that

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she felt there was something untoward had happened

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there and that if you liked there would be some sort

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of conflict of interest, that if a pathologist there,

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that if he found something, may not wish to bring it forward and tell her. You weren't gathering that?

A. No, that's correct.

Q. All right. But did you know the Coroner was notified, ma'am?

A. I didn't know until the Commission.

Q. You didn't know until this Commission? All right. Again that is fairly unusual. We don't have the Coroner notified in this nine month period next until we get to Kevin Pacsai.

A. Right.

Q. Obviously somebody was concerned if you accept from me that it wasn't the mother per se that notified the Coroner, somebody else inside the hospital - we haven't yet found the nurse involved - obviously thought this case was sudden enough and unexpected enough to notify the Coroner.

A. Right.

Q. All right. The last question with respect to her, ma'am, is as you look back - the other child I act for is Lombardo - but as you look back on the nine month period, ma'am, I would suggest to you that in fact all the surrounding events on Amber Dawson's death, that is the history of dealing



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with her, the two earlier attendances, the reason she was brought back in, the lack of constant or shared care, her stable condition until the final night, doctors' and nurses' concern on the final night and then after the death, the results of the autopsy and the notification of the Coroner, I would suggest to you as you look back on that last weekend in March, that last rush of deaths in March, that really Amber Dawson stands out as the most problematic of the babies that you dealt with as to why she died.

A. She may be, yes.

Q. Well, is there any other one - let me put it that way - that really just to shorten the question, I put to you as I look through them myself with you and as you gave your evidence and run through this roll call of names here there was none other that didn't at the time seem to have an explanation. As you look back and look at all the attendant circumstances surrounding her death, Dawson really has the most difficulty with respect to the cause of death, the most surprising.

A. Yes.

Q. Yes. The next one is Lombardo, ma'am, and again if I could: Lombardo dies December 23rd, room 418, 4:00 in the morning. You got one



1
2 child in 423 and one in 426 and Nurse Ganassin has a
3 number of children, and she in fact is in charge of
4 Stephanie Lombardo.

5 A. Right.

6 Q. Right. The wards haven't been
7 combined, but certainly there is a reduced population.
8 You were down to eight children on 4A.

9 A. Yes.

10 Q. All right. Although there is
11 another nurse there, Cooney - or an RNA - Cooney goes
12 over to 4B so effectively she is not with you and
13 Ganassin all night.

14 A. Right.

15 Q. All right. Now the child is 10
16 days old, 9 or 10 days old. She successfully survives
17 surgery. She has come through OR. She has come
18 through ICU. She is transferred onto that ward that
19 day.

20 A. Right.

21 Q. The nurses on the day shift
22 would have dealt with her and then handed her over to
23 you and Nurse Ganassin at 7 o'clock.

24 A. Yes.

25 Q. Again she is not on shared or
constant care.



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A. Right.

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Q. And the only medication that she

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is getting, ma'am, is heparin by IV.

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A. That is right.

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Q. All right. As a matter of fact

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would you have been, and I suggest to you you would

8

have been experienced enough to know that given the

9

type of operation that she had had and that you did

10

have children there, the very thing they shouldn't

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get is digoxin? It was, as they say, contraindicated.

12

A. I can't remember what her

diagnosis was.

13

Q. All right. So that we leave in

14

the air. You are not sure. If I were to refresh you

15

about a shunt operation --

16

A. Well, I know the shunts have

heparin.

17

Q. All right. That is to make sure

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there is no clotting?

19

A. Yes.

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Q. I would suggest to you too

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maybe not every last one but in general shunts very

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early along, digoxin, the effect it has on the heart,

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would be just the thing that shouldn't be given, and

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you knew that?

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A. Yes.

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Q. All right. Now in terms of deaths there, the previous death is five days before. It's the child - sorry, Gosselin, and you were on nights with that child Gosselin?

A. Yes.

Q. And you are off and you come back in, Lombardo dies and then the next death is Belanger some five days later on December 28th. Belanger dies on days and you were on long days?

A. Yes.

Q. All right. So Lombardo sort of sits there with five days clear on either side in terms of deaths. Is that right?

A. Right.

Q. You say you can't remember Baby Lombardo at all?

A. That is right.

Q. You have really no recollection?

A. Right.

Q. All right. One of the things that assisted you in the past has been the fact that you remembered the parents?

A. Yes.

Q. And their grief and things of



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that nature and sometimes you only remember the
parents but sometimes remembering the parents takes
you back to some other tidbits, if you like, about
the children themselves?

A. Yes.

Q. All right. And people have
taken you through the parents like Fazio, the parents
who were related and the genetic problem. You had
Jennifer Thomas and Warner, Perreault dies in your
arms but you also speak to the dad a little later.
We have got Monteith and Murphy, and Murphy, brother
also comes in and the mother and father after he dies
and you remembered that. Velasquez, the mother was
there and I think she was even a little concerned
about handling him he was so sick.

Of course you remember Estrella's
parents?

A. Yes.

Q. And you remember Mrs. Dawson?

A. Yes.

Q. All right. But I am going to
put to you, ma'am, that in fact you did deal with the
Lombardos and that in fact you spoke to the Lombardos
and that you brought that dead child to the Lombardos
when they arrived in the hospital. Do you recollect



HH 9
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2 that?

3 A. No, I don't.

4 Q. You don't? Well, all right.
5 That would be based on their evidence, but, ma'am,
6 there is objective evidence in the notes that you
7 dealt with the Lombardos because you filled out the
8 death checklist - its dramatic name aside, it has
9 there questions that you would have to put to the
10 parents with respect to whether they were going to
11 give permission for an autopsy. So if you filled
12 that out, ma'am, and Mr. Percival has pointed out
13 you did.

14 A. Yes.

15 Q. About an autopsy, what an
16 autopsy entails, whether they would agree to it or
17 not, surely the documents themselves show that you
18 did speak and deal with the Lombardos?

19 A. No, it doesn't. I would have
20 got that information from the doctor.

21 Q. From the doctor? Well, all
22 right, if I put to you, ma'am, that in fact not only
23 did you bring the dead child to them, but as well as
24 that did you discuss with them those aspects and that
25 you filled out that form in front of them?

A. I never have in the past.



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Q. All right. I see. Now Mr. Hunt put to you as well, ma'am, that it was Christmastime. You advised him that at no point in time had you ever had the misfortune of having a child die on Christmas day, and in fact in your five years of experience you had never had a child other than Lombardo die so close to Christmas day, December 23rd. Is that right?

A. Yes.

Q. As well as that, ma'am, as a nurse you would know that this child being nine days old it was quite obvious that the mother herself, Mrs. Lombardo, would only have just been discharged from the maternity wing of whatever hospital herself some few days earlier?

A. Yes.

Q. This would be all - all deaths would be terrible to convey the news to the parents, but really given all the aspects here it was in fact just a few days from Christmas, obviously this young mother was coming in having just been discharged from the hospital herself, and having to deal with those aspects, this death would be particularly difficult for you as a head nurse to convey to the parents?

A. It would have, yes, if I had done all that.



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Q. All right. You are not saying you didn't do it. I think you are saying you just have no recollection of dealing with them?

A. Yes.

Q. All right. If I were to suggest to you - and this will obviously have to be evidence that will come out before the Commission, but for the purpose of this question if I suggest to you that you did deal with them and you dealt with them with all those surrounding circumstances, wouldn't it be very surprising then that you neither recollect the Lombardos as parents or Stephanie Lombardo their child?

A. Is it surprising?

Q. Yes.

A. I may have remembered them at the time but now I don't.

Q. You have seen them, have you not, in the media since then?

A. Oh, yes, I have.

Q. Does that jog your memory at all?

A. No, it hasn't.

Q. It is surprising too, ma'am, in light of all the other evidence that you do remember, the evidence with respect to Baby Estrella,



HH 12

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2 the evidence with respect to the pills and the
3 telephone calls and all of the other evidence that
4 you do recollect, and that in fact the death of a
5 child on that ward at Christmastime, you simply
6 neither remember the child nor the parents?

7 A. This is almost a year later
8 that I was questioned about this baby. And I really
9 don't have any recollection of the family or the
10 child.

11 Q. All right. We have notes here
12 from Ganassin, Nurse Ganassin's evidence at the
13 preliminary that the child was fed every three hours,
14 9 o'clock, 12 o'clock, 3 o'clock.

15 A. Yes.

16 Q. Her last notes - I won't take
17 you through them - the child fed, the word she used
18 was "eagerly".

19 A. Yes.

20 Q. And the child seemed to be a
21 good eater if nothing else. It took its formula at
22 3:00 and it went down to sleep and there was really
23 no further concern.

24 A. Right.

25 Q. All right. That child would
have woken up and got into its difficulties half an



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hour after its last feed, 3:30 being the time.

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A. Okay.

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Q. First of all, Nurse Ganassin after having looked after the child would have no particular reason to remain in the room?

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A. That is right.

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Q. I think her evidence was she spoke to a nursing friend at the nursing station - there would be nothing untoward about that - leaving the child?

11

A. That is right.

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Q. The whole ward would be fairly quiet. No parents would be in. Population would be reduced and it didn't seem on that particular night there were any seriously children.

15

A. Right.

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Q. You would have no particular cause other than when you did your rounds, you would have no particular cause to really go in to Stephanie Lombardo's room, would you?

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A. Right.

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Q. And yet Nurse Ganassin's evidence at the preliminary is that she is out at the nursing station, she fed the child and put it down to sleep again and doesn't perceive any



HH 14
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2 difficulty, and you call out from Stephanie Lombardo's
3 room that indeed you found her in difficulties,
4 respiration-wise and her colour has gone blue.

5 I just wonder what would take you in
6 there if you had no duties or obligations to be in
7 there?

8 A. I could just be going on my
9 rounds.

10 Q. Something as simple as that?

11 A. Yes.

12 Q. So it just simply would be luck
13 or coincidence that you would walk in as this child
14 was taking its bad turn?

15 A. Right.

16 Q. Ma'am, you put forward at
17 various times, once that I can recollect, the
18 suggestion that maybe somebody else was bad minded
19 enough to use your schedule to in some way cast a
20 shadow on you about the deaths of the 29 that you
21 were there for.

22 A. Yes.

23 Q. Now the only other person, the
24 only other RN that was on that side that night was
25 Nurse Ganassin, and looking at this chart, ma'am,
really Nurse Ganassin we don't have to be a member of



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the Atlanta Commission to see that Nurse Ganassin really from a statistical point of view she is not really relevant in the 29 deaths. She is not on for any other death.

A. Right.

Q. She is not a regular member of the team of 4A or 4B?

A. Right.

Q. So you would agree here that really there is no suggestion at all that Nurse Ganassin could in any way, shape or form have set you up for that series of 29 deaths?

A. No.

MR. SHANAHAN: Your indulgence, Mr. Commissioner?

Q. Finally, ma'am, the Code 25 that you would have called, if we accept for a moment Ganassin's evidence, given the reduced nursing staff there it is quite clear that you would have been, to coin Mr. Percival's expression, you would have been front and centre on that resuscitation attempt. There is no question about that?

A. That is right.

Q. It surprises you I am sure when you heard that Stephanie Lombardo's body was exhumed



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HH 16 2 and indeed digoxin was found in her tissues.

3 A. Yes.

4 Q. Troubling again, isn't it?

5 A. Yes.

6 Q. Very troubling. Not prescribed
7 for her?

8 A. Yes.

9 Q. Perhaps in fact the very wrong
10 drug for her?

11 A. Yes.

12 Q. And finally, ma'am, just events
13 that have been covered here, Mr. Tobias took you to
14 a point there about the pills in the soup. My only
15 concern and I just won't repeat it I will just build
16 on where he really left you.

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You are satisfied that during the period of time that you took it down to the microwave that really nobody could have gotten at that soup, you were in exclusive possession of it?

A. Right.

Q. You sat at the table, Sui Scott leaves and it is obvious that you have in some measure looked at the soup and you haven't initially seen them in the soup, am I right there?

A. Right.

Q. And Sui Scott stirred her salad and she obviously initially hasn't seen them in the salad?

A. Right.

Q. Sui Scott returns and lo and behold they are in the salad and when your soup is stirred they are in there and they are partially dissolved?

A. Yes.

Q. All right. I would suggest to you, ma'am, that really the irresistible conclusion here is that with them being partially dissolved that in fact they had been put in there momentarily before. They were perhaps never going to dissolve in the salad but in the soup they really must have been



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there a matter of moments or minutes or something in
that area?

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A. I don't know when they were put
in.

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Q. How long did you have it from
the fridge onwards?

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A. From the time that I took --

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Q. Fridge down to the microwave
and back up again until you finally find them, what's
the length of time they would be in your possession?

11

A. Just over five minutes probably.

12

Q. Just over five minutes, I see.

13

You are satisfied when you took them out of the fridge
that in fact they weren't in the soup or the salad?

14

15

A. Well, I didn't see them in there.

16

17

Q. You didn't see them? Ma'am,
really, the significance of this, you have had a
team member arrested here, Susan Nelles, you know what
the thrust of the Crown's case against her is, that
in fact there is an allegation of murdering four
children and using a drug that you commonly use there,
digoxin, to murder those children. You knew the gist
of it by then?

20

21

22

A. What, that Susan Nelles was
arrested?

23

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II.3

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Q. Yes.

3

A. Yes.

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Q. You knew at that time as well
that digoxin had been locked up?

5

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A. Yes.

7

Q. You knew that there had been a
lot of dirty tricks going on, as we have called them,
you had telephone threats to yourself and Sui Scott?

8

9

A. Yes.

10

Q. You had various markings?

11

A. Yes.

12

Q. All of those events, ma'am, I
put to you they were all events that were outside
the Hospital?

13

14

A. Yes.

15

Q. Isn't that right?

16

A. Right.

17

Q. At that time, subject to what we
now know, but at that time you may well have thought,
well, it could for instance be Susan Nelles doing
these things?

18

19

20

A. Yes.

21

Q. All right. The first event that
brings it into the Hospital here and really gets much
much more daring and brazen is the event where

22

23

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II.4

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Sui Scott's locker is marked. Am I right there?

3

A. Well, both our lockers were

4

marked.

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Q. All right, the markings on the

6

lockers at the nursing station there. First of all,

7

somebody had to know whose lockers they were?

8

A. Yes.

9

Q. And it meant that somebody had

10

to come right into the Hospital?

11

A. Yes.

12

Q. Whatever suspicions you had

13

about Susan Nelles then it was quite clear that really

14

it would be just absurd for Susan Nelles to come in

15

on that Hospital and risk being detected by anybody?

16

A. Yes.

17

Q. And then you realized really

18

this just doesn't appear to be the work of Susan Nelles

19

at all?

20

A. Right.

21

Q. And then really doesn't it come

22

closer to home when you have the incident with the

23

pills, isn't that the frightening aspect that then

24

what you have is somebody, if Susan Nelles has been

25

charged with murdering the babies, there is perhaps

26

somebody attempting to murder nurses?

27

28



II.5

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A. Or scare us.

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A. Yes.

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Q Or scare you, all right. You've got somebody again in terms of the way, the manner of the previous deaths suggested, you've got somebody getting heart medication and putting it in the food of people?

11

A. That's right.

12

13

14

15

Q All right. And the frightening proposition was, if they could do it to you perhaps then your babies were once again at risk?

16

A. Yes.

17

18

19

20

Q If it wasn't Susan Nelles then it was either one of her cronies out here doing it or in fact the very killer itself, himself or herself was still on the ward?

21

22

A. You are saying that the two people, the children and the dirty tricks are the same people?

23

24

25

Q I am suggesting to you that



II.6

1
2 that was what the feeling was and had been about
3 the other tricks but up to this point in time now
4 you know that Susan Nelles couldn't possibly be behind
5 the pills incident?

6 A. Yes.

7 Q. All right. I am suggesting to
8 you then that really when you knew it wasn't Susan
9 Nelles you knew there was some other crony of hers
10 either on the ward doing it or that in fact the
11 killer himself or herself was still on the ward?

12 A. Right.

13 Q. All right. And then again
14 really if you look at it in another light did you
15 think perhaps the whole incident was contrived?

16 A. What do you mean contrived?

17 Q. Well, all right. You had
18 somebody putting propranolol pills into a salad,
19 four nurses, they weren't going to melt or dissolve
20 in the salad, they were pills that these nurses
21 would see and deal with every single day of the week?

22 A. Right.

23 Q. The likelihood really of them
24 eating them, munching their way through them and
25 actually eating them was really very slight?

A. Right.



II.7

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Q. In some sense perhaps it was somebody just sort of trying to give a message to you or other people there?

A. Yes.

Q. Right. Your apartment building where the marks were found, the apartment building was locked with an intercom at the main door?

A. Yes.

Q. For somebody to come in they would have to use the intercom to let you know they were there and you would have to press the buzzer and let them in?

A. Well, the door was usually opened quite a bit downstairs.

Q. All right. Essentially it was locked though, it was usually locked?

A. It was supposed to be.

Q. Same with the underground garage?

A. Yes.

Q. All right. Again, whoever was persistent enough to be doing these markings was obviously having to run the risk of being detected as they tried to get across in the apartment and get down into the garage?

A. Yes.



II.8

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Q. Finally with respect to one aspect of your evidence here. You have said about the child Cook. This child Cook seems to crop up in Susan Nelles' arms at the most unlikely moments. He is in Susan Nelles' arms when the order comes to lock up the digoxin and therefore you don't trouble Susan Nelles for the keys because of the gowns and what you have explained to us.

A. Yes.

Q. All right. Early on in the night of the gentamicin incident here when you are going to give the gentamicin for Miller, clearly gentamicin wasn't something that had to be double-checked at all?

A. That's correct.

Q. All right. You want to come out because you want to impress upon Susan that in fact you are giving it and she doesn't give a double dose of it later?

A. Yes.

Q. All right. I don't think a double dose of a drug of anything would be good but of gentamicin, the child wouldn't really be imperiled or at risk of death if she did give a double dose?

A. No, it wouldn't.



II.9

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Q All right. Now, I thought Nurse Nelles' evidence was that she used a crib sheet if you like to remind her what child got what drug and when and that this crib sheet was sort of stuffed into her pocket?

A Yes.

Q All right. If she had a crib sheet why the doubt in her mind when she says to you to not only flush the line but also I have a drug going to that child I don't know what the drug is and when it was due, would you look after it. Can you just clarify that for me?

A Only that she was busy that night with Justin Cook and she may have just been a little confused.

Q You are saying the crib sheet was there and she may have been unaware of it?

A It may have been in her pocket, that she had another gown on.

Q All right. Are we back to the incident about the child in the arms and the double gown?

A Yes.

Q All right, because that's all I was going to get to, ma'am, is that Cook had struck



II.10

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me, he was a young fellow that was about 4-1/2 kilos, he would be about 10 pounds and really isn't it a red herring to say that, never mind about the gowns, I will leave that aside I have no problems with the gowns, but with respect to Cook occupying her attention, taking both her hands, Cook is about 10 pounds and I would suggest to her that really moving Cook around and getting something into your pocket would be no difficulty whatsoever?

A. Well, it would have disturbed the baby, yes.

Q. It would have disturbed the baby. Fine, thank you very much.

THE COMMISSIONER: Mr. Thomson?

RE-DIRECT EXAMINATION BY MR. THOMSON:

Q. I have two very short matters to cover, Mr. Commissioner. First of all, Mrs. Trayner, the first matter relates to the cross-examination by Mr. Hunt. You may recall that Mr. Hunt questioned you about the evidence that you were very upset and indeed griefstricken by the news that Susan Nelles had been arrested for murder. Do you remember him suggesting that?

A. Yes.

Q. Then he went on and he challenged



II.11

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you with this statement or question at page 1077,

3

Volume 135. He said:

4

"Well, there was no real love lost

5

between you and Susan Nelles over the

6

nine months prior to that, was there?"

7

Now, have you had a chance, Mrs. Trayner,
to reflect on that question?

8

A. Yes, I have.

9

Q. Perhaps you could tell us briefly

10

please your reaction to the question and could you

11

perhaps give us a more complete answer than you gave

12

Mr. Hunt at the time?

13

THE COMMISSIONER: What page was this?

14

MR. THOMSON: 1077 at Volume 135.

15

THE WITNESS: Well, I was very angry

16

and very hurt that Mr. Hunt had suggested that there

17

was no love lost between Susan and myself. I saw

18

Susan as a friend and as a member of my team and

19

someone was charged with murder. I had never wished

20

harm upon anybody and for him to attack, it wasn't

21

Nurse Trayner it was more Phyllis Trayner that he

was saying there was no love lost and I resented that.

22

MR. THOMSON: Q. All right. Now, in

23

that regard did you a short time later find out that

24

Miss Nelles was charged with three additional charges

25



II.12

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of murder involving, amongst others, Baby Estrella?

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A. Yes, I did.

4

Q. Yes, and what was your reaction

5

to that news?

6

A. I was astounded by the charges

7

and I couldn't remember Susan being with Janice

8

Estrella, so, I had to call the head nurse, Liz

9

Radojewski, to ask her what was going on and I conveyed

10

to her that I just couldn't remember Susan Nelles

11

being there for that baby.

12

Q. And did you tell anyone else

about that?

13

A. I did tell the police after that.

14

Q. Yes. And what did you tell the

police?

15

A. I told them that I found it

16

hard that Janice Estrella was murdered because Susan

17

Nelles wasn't assigned to that child.

18

Q. Why did you tell the police

19

that Susan Nelles wasn't assigned to the child and

20

as far as you could recall wasn't there at the time

21

of the death of the Estrella baby; why did you tell

22

that to the police?

23

MR. YOUNG: Well, sir, I think we are

24

approaching the point now where we are getting into

25



II.13

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2 the second phase questions. My friend addressed
3 the issue, the witness has answered but if we are
4 going to delve into it I do think we are going to
5 delve into the second phase.

6 MR. THOMSON: Mr. Chairman, I have no
7 interest in the second phase, I assure you. The only
8 reason for this is because I am interested in having
9 my client explain in full, because it was put to her
10 by Mr. Hunt, that it was consistent with her reaction
11 over the time that she should almost have been happy
12 that Miss Nelles, for whom she had no love, had been
13 charged with murder and I really feel it essential
14 that I put for you the appropriate context of that
15 evidence. That is really what I am coming to. I
16 am not interested in leading any evidence about the
17 quality of the police investigation I assure you, sir,
18 I won't even be here for that part of this Inquiry.

19 THE COMMISSIONER: No. I find it a lot
20 easier to take though coming from counsel for the
21 nurse. The main reason for keeping Phase II out,
22 Mr. Young, was because in some instances some of the
23 evidence that was given reflected upon the particular
24 nurse. So, where it is close under these circumstances
25 I will side with Mr. Thomson.

MR. YOUNG: I will not argue with you,
sir.



II.14

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THE COMMISSIONER: All right, thank you.

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MR. THOMSON: Q. Then why did you tell the police that Susan Nelles wasn't assigned and as far as you could recall wasn't present when the Estrella baby died?

7

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A. Because I thought then there had to be a terrible mistake that if she was charged with murder and she wasn't there that this whole thing was just horrendous, it was unthinkable.

12

13

Q. All right. And then the final area --

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THE COMMISSIONER: And for Mr. Young's sake, when did you tell the police?

THE WITNESS: Well, it would have been after March 25th.

THE COMMISSIONER: Of what year, 1981?

THE WITNESS: Yes.

THE COMMISSIONER: Well then, how long after?

THE WITNESS: It would have been in one of my, the following statements that I have made.

MR. YOUNG: Sir, this is my concern.

THE COMMISSIONER: I know, I understand your concern and I hope I am not making it worse.

MR. YOUNG: Well, with respect, sir --



II.15

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THE COMMISSIONER: All right, if I am making it worse I will withdraw the question. I was only doing it to oblige you.

MR. YOUNG: I think I'm at the point now where I think I should explain.

THE COMMISSIONER: At this point you don't want a junior counsel.

MR. YOUNG: This is the problem. Sir, the very fact that Susan Nelles wasn't with the baby at that time wasn't, it was a fact that was known by the police, it's really not important when Nurse Trayner told the police that, unless we are looking into the second phase in co-operation of various witnesses. We are into a can of worms that's going to involve various other individuals and opinions that were given to the police and now the police don't have an opportunity to respond until some time in the second phase, if at all.

THE COMMISSIONER: Yes, yes.

MR. YOUNG: And that is why I objected.

THE COMMISSIONER: Yes, all right. Well, I am going to keep out of this, Mr. Thomson, you go ahead.

MR. THOMSON: I will change the subject, Mr. Commissioner.



II.16

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THE COMMISSIONER: Good.

MR. THOMSON: Q. It was suggested to you by several counsel that you ought to have been suspicious or more alert than you were to circumstances including, and they were listed to you, that a number of babies died while your team was on duty, a number of babies had died while you were present, a number of babies had died at night, that the circumstances were such that should have aroused concern and suspicion on your part, is I think the suggestion?

A. Yes.

Q. Now, Mrs. Trayner, did anyone from the Hospital who was your superior or did any doctor up until the time of the death of Justin Cook say anything to you that suggested that a senior official in the Hospital or any doctor had any apprehension of the kind that you are supposed to have had?

A. No, they didn't.

MR. THOMSON: I thought not, thank you.

THE COMMISSIONER: Okay, thank you,
Mr. Thomson. Mr. Lamek?

-



JJ
DM/cr

RE-EXAMINATION BY MR. LAMEK:

Q. Mrs. Trayner there are a few areas I would like to canvas with you please. First the question of drugs drawn up by A but administered by B. During the course of your cross-examination there have been references to a couple of such situations; you will recall, the Inderal on Justin Cook's bed?

A. Yes.

Q. The Inderal in the fridge that night and so on. I take it in the first place it is unusual to have drugs drawn up by a nurse other than the one who is to administer them?

A. Yes.

Q. And it is always preferable for a person who is to administer a medication either that is the nurse that draws it up herself, or if that person is a doctor these/ drugs be drawn up in the doctor's presence.

A. Yes.

Q. Because that way there is some assurance that the person who actually administers the drug knows what he is administering beyond any question.

A. Yes.



1
2 Q. I take it is not an entirely
3 satisfactory situation when one departs from those
4 practices?

5 A. Right.

6 Q. And indeed even when the
7 person who has drawn up the drug is identified, one
8 might still have misgivings about administering that
9 drug drawn up by someone else if she didn't actually
10 see it done, is that fair?

11 A. That's fair.

12 Q. And Miss Nelles came to you
13 with that Inderal from the fridge which bore Sui
14 Scott's name and she said, did she not, "Is it all
15 right if I give this"?

16 A. Yes.

17 Q. No question as to who had drawn
18 it up, the name was on it, but nevertheless she had
19 not done it herself and therefore she had some
20 misgivings about it apparently.

21 A. I think what her misgiving
22 was mixing the two, that is what I perceived it to
23 be.

24 Q. Her evidence here was that
25 she checked both. First of it was okay to give the
stuff that Sui had drawn up and left in the fridge;



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2 and then all right to give the parenteral and you
3 okayed both, do you recall that?

4 A. I even remember her asking
5 me.

6 Q. And that is good prudent
7 practice I take it?

8 A. Yes.

9 Q. I was a little bit puzzled
10 yesterday when you told Miss Symes that the drawing
11 up of arrest drugs in advance might be good safe nursing
12 in practice, because that it seems to me on the face
13 of it appears to be rather a bit contrary to what we
14 have been saying, doesn't it?

15 A. Well we would draw up our
16 medications for our shift.

17 Q. You would draw up your
18 medications for your shift. Who would actually draw
19 up those drugs?

20 A. Either the nurse that was
21 taking care of the child.

22 Q. Yes.

23 A. Or if it was - it would
24 have to be a nurse, I was going to say in RNA, but
25 it would be the nurse that was with that child.

Q. Assigned to the care of the



4
1
2 child?

3 A. Yes.

4 Q. Does that mean that unless
5 you yourself had a patient assignment you would not
6 be involved in preparing the arrest drugs at the
7 beginning of the shift?

8 A. Yes that would be right.

9 Q. You would not be involved with
10 it?

11 A. Right.

12 Q. In fact those drugs if
13 required to be administered would not be administered
14 by that nurse but by the physician, would they not?

15 A. Yes.

16 Q. At the arrest procedure?

17 A. Right.

18 Q. And he would have to take it
19 on faith that she indeed had drawn up what she said
20 was in the syringes?

21 A. Yes.

22 Q. And to that extent at least
23 is less than totally desirable nursing practice?

24 A. Yes.

25 Q. Now the other thing that
bothered me of course is that I understood from your



Trayner, re.dr.
(Lamek)

1952

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2 examination in chief that many of these drugs were
3 pre-packaged by the manufacturers, if you will, by
4 the pharmaceutical companies and came in in ready
5 loaded syringes?

6 A. Yes.

7 Q. Now were you then doing a
8 sort of double contingency planning here. That is to
9 say, drawing up more of even those drugs in case they
10 were needed in the event of an arrest?

11 A. I recall that we didn't have
12 the pre-loaded syringes on all the time on the floor,
13 and when we did have them we only had the two, the
14 sodium by-product and one calcium that were kept in
15 the crash cart itself, the rest of it was stuff that
16 we had to draw up ourselves.

17 Q. And was it your experience
18 that you frequently needed more of those pre-packaged
19 medications than were on the crash cart in pre-loaded
20 syringes?

21 A. Yes. We draw up quite a few
22 of the drugs.

23 Q. And therefore on occasions
24 when you prepare those things at the beginning of a
25 shift, you were doing what I call double contingency
planning. You were preparing for one contingency that



Trayner, re.dr.
(Lamek)

1
2 an arrest might occur at all.

3 A. Yes.

4 Q. And two, that if it did occur
5 you might need more of those drugs than were already
6 drawn up in syringes on the cart itself?

7 A. Right.

8 Q. You say that was not an
9 unusual thing to do?

10 A. It wouldn't be unusual, no.

11 Q. It appears, does it not, that
12 Janet Brownless thought it sufficiently unusual that
13 she mentioned it here as something that she had
14 observed and worthy of comment. Can you give me any
15 possible explanation, I know it is not your evidence,
16 it is hers, but if that were not an unusual thing on
17 your ward is there any possible explanation as to why
18 Janet Brownless should think it unusual?

19 A. Well Janet Brownless only
20 started in August.

21 Q. Yes, and she lived through
22 the period until the end of March with you, did
23 she not?

24 A. Yes.

25 Q. And having lived through
that period she still came here and thought that there



7 2 was something sufficiently noteworthy to mention?

3 A. Right, unless she just thought
4 it was odd at the time when she saw the drugs for this
5 baby, and if you had asked her a question about anything
6 unusual, maybe that was her answer.

7 Q. I suppose that is possible.
8 Let's look at another situation of a pre-drawn drug,
9 and that is the Inderal that was taped to Justin
10 Cook's bed. Miss Symes you will remember asked you
11 questions about this yesterday.

12 A. Yes.

13 Q. You told her that you were
14 surprised in light of the account you have heard of the
15 6 o'clock blue spell the night before, that you were
16 surprised that the Inderal didn't have an effect at
17 3:45?

18 A. Yes.

19 Q. When Dr. Kantak administered
20 it.

21 A. Yes.

22 Q. And you have also said, when
23 asked by me in chief you will remember, how Justin
24 Cook could have received digoxin that night, that you
25 had a question about the Inderal taped to the bed,
do you remember saying that to me?



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A. Yes.

2

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Q. And then there was the

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exchange with Miss Symes yesterday. I take it what
you were saying to Miss Symes yesterday was essentially
this, that if it was not Inderal but digoxin in those
syringes taped to Justin Cook's bed, that might indeed
explain why that medication didn't produce an Inderal
effect?

8

A. Yes.

9

10

Q. One reason, one explanation

11

for it not having produced the result of Inderal
was that it wasn't Inderal?

12

A. That's right.

13

Q. It might have been something

14

else, it might have been digoxin, is that the suggestion?

15

A. Yes.

16

Q. I want to examine that for

17

a moment with you if I may.

18

In the first place may I have it that
whether in the amounts given and at the time given,
that material is .. digoxin, could have caused death
or produced a concentration found in that child's
blood and tissue, is a matter for which we have to
rely upon the pharmacologists, is it not?

22

A. That's right.

23

24

25



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2 Q. It is not a matter about which
3 either you or I can be qualified to express an opinion?

4 A. Right.

5 Q. But let's for the moment
6 assume that the syringes contained digoxin, and I
7 suppose it is legitimate to wonder how it got there,
8 is it not?

9 A. Yes.

10 Q. I suppose there are two
11 possibilities. One that it got there by some terrible
12 mistake, or it got there by design.

13 A. Yes.

14 Q. Let's canvas both of those
15 shall we for a few minutes. Let us think about
16 accident for a moment. I suppose what you are
17 suggesting is some terrible error at the time the
18 drug was drawn up and taped to the bed?

19 A. Yes.

20 Q. Now am I not right, Mrs.
21 Trayner, that would involve for each of the two
22 syringes that you saw taped to that bed three quite
23 separate errors? Let me explain to you what I mean
24 and see if you will agree with me. First, somebody
25 would have had to draw up the wrong drug?

A. Right.



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Q. They would have to draw up digoxin thinking it was Inderal, is that fair?

4

A. Right.

5

Q. And you will agree with me that on the face of it that by itself is not a particularly easy error to make given the differences in the appearance of the two ampules?

8

A. Right.

9

Q. But even if they got over that hurdle, then I suppose if they were intent upon taping the ampules to the bed to identify the drug, they would have had to discard the ampules they had actually used, the digoxin ampules, wouldn't they?

13

A. Yes.

14

Q. And in some way they would have had to find - that is the second error, they would have misplaced the ampules that had actually got used?

17

18

A. Yes.

19

Q. And third they would have had to find empty Inderal ampules, mistake those for the ones that they had just used and tape those to the bed, is that fair?

21

22

A. Okay, yes.

23

Q. For all that to have happened

24

25



11 1
2 by accident requires that to have occurred, those
3 three things to have occurred for each of those two
4 syringes, does it not?

5 A. Right.

6 Q. Would you agree with me that
7 is hardly a likely sequence of events, Mrs. Trayner?

8 A. Yes.

9 Q. Indeed is it not extremely
10 unlikely given the distinctive appearance of the
11 Inderal ampules?

12 A. Yes. What I was saying
13 yesterday though it could be two nurses that had
14 drawn it up.

15 Q. It could be two nurses, it
16 could indeed. At some place, at some stage in that
17 sequence, you mean each ampule, each syringe by a
18 different nurse?

19 A. It could be, yes. One ran
20 out because the Inderal was called for and they ran
21 out to get it, and the one could have been drawing
22 it up at the bedside and --

23 Q. Out of what, drawing it out
24 of what?

25 A. It could have been the
Inderal at the bedside, or it could have been a



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mistaken medication, I wasn't there.

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Q. I know you weren't, but I am trying to analyse it with you. Whatever mistake was made, if that was digoxin and not Inderal somebody had to draw material up out of a clear glass ampule thinking that that clear glass ampule contained Inderal, is that fair?

8

A. Yes.

9

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12

Q. And I take it that any nurse working around that floor knows that Inderal comes not in a clear glass ampule but in a darker glass ampule.

13

A. That is correct, but it was an emergency situation.

14

15

Q. How do you know it was an emergency situation?

16

17

A. From what I was told from Marie Mandal.

18

19

Q. You were told that the doctor ordered that Inderal be kept at the child's bedside?

20

A. And that the crash cart was brought in.

21

22

Q. Yes for the blue spell?

23

A. Yes.

24

25

Q. And the blue spell was over?



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A. Yes.

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Q. And the child responded to the Inderal, that is what you understood?

5

A. Right.

6

Q. And the doctor wrote an order saying Inderal by the child's bedside?

7

A. Right.

8

9

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11

Q. Do you have a picture in your mind of someone rushing wildly through the Hospital at top speed grabbing ampules as their hand fell upon them?

12

A. No, I don't.

13

Q. Of course you don't.

14

A. But --

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Q. Do you have any information to suggest that the gathering of that material from wherever it came from was so frenzied an operation that a mistake between digoxin and Inderal ampules is really a likelihood?

19

A. That it is a likelihood?

20

21

Q. Do you have any information to suggest it was so frenzied as to make it likely that that mistake would be made?

22

A. No.

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Q. Well let's consider the



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2 alternative and that is something happening by
3 design. I suppose that could have happened at
4 one or two times, could it not, that someone could
5 have deliberately put digoxin filled syringes on the
6 end of that bed, or somebody at a later time could
7 have switched the material in some way?

8 A. Yes.

9 Q. Well you will agree with
10 me first that if someone had gone to the trouble of
11 creating a false situation on the end of Justin Cook's
12 bed, with Inderal ampules taped to syringes
13 that were actually filled with digoxin, presumably
14 with the intention of doing damage to Justin Cook,
15 then I take it there is no innocent explanation you
16 can think of for that action?

17 MR. THOMSON: Mr. Chairman, I would
18 just like to suggest it does seem to me this is
19 argument, I am not sure if it is relevant to the terms
20 of reference in the report you have to write. I am
21 not going to spend any time on it, but you earlier
22 said because no one raised an objection here you didn't
23 propose to make a ruling.

24 THE COMMISSIONER: Yes.

25 MR. THOMSON: If that is to be your
attitude then I am going to raise an objection even



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if I risk a ruling.

THE COMMISSIONER: I think it is probably a good objection. It strikes me we are in the last quarter hour of this phase and it is a little late for me now to start jumping, but I must say that I have some sympathy for your position and it is argument.

MR. THOMSON: I don't know how much longer Mr. Lamek is going to be. Frankly it's getting late in the day and I notice my client is getting tired and this is another reason that I made the objection, I am not so concerned about that one question.

THE COMMISSIONER: That objection I find even more tasteful.

MR. THOMSON: Thank you, My Lord.

THE COMMISSIONER: At any rate bearing that in mind, Mr. Lamek, will you continue.

MR. LAMEK: Thank you, sir.

Q. Can we agree, Mrs. Trayner, that if indeed there has been a deliberate placing of digoxin in those syringes at the foot of Justin Cook's bed, one could reasonably infer that was done with the intention that harm should come to Justin Cook.



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A. That is another thing.

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Q. Yes. If the intention was

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that harm should come to Justin Cook, that was surely
a very haphazard way of doing it, was it not, because
there was no assurance that that material would ever
be used in the course of the shift was there?

5

6

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A. That's right.

8

Q. Indeed, if I understand the

9

evidence that you have given if they were not used

10

during the shift, the end of the shift they would be

11

discarded?

12

A. Right. Well they should have
been, they shouldn't have been used in the first place.

13

Q. Well perhaps not but certainly

14

you wouldn't keep it in the syringe more than 12 hours,

15

you would discard them at the end of 12 hours. So

16

whether it was used or not was to a very large extent

17

a matter of chance that night whether the occasion arose
for its use?

18

A. Yes.

19

Q. I don't know, it may be hard

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to believe that someone would go to that much trouble

21

against a mere chance that the intention would strike

22

home.

23

The other possibility, we have agreed,

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1
17 2 that someone could have affected a switch during the
3 course of the night, either changed the syringes, the
4 digoxin loaded syringes, or emptied those and refilled
5 them. The only problem with that though is that either
6 you or Miss Nelles was there constantly, were you not?

7 A. Right.

8 Q. You didn't see that happen?

9 A. No.

10 Q. And you didn't do it?

11 A. No, I didn't.

12 Q. And as to that we have do
13 we not : the evidence of the two of you, who between
14 you spent every minute of the long night shift of that
15 child's death at his bedside, and each of you has
16 denied administering any unprescribed drug to the
17 child or seeing anyone else do it?

18 A. Yes.

19 Q. All that that means is that
20 the evidence appears to be in contra vertible that
21 Justin Cook somehow did receive a huge dose of the
22 drug which was not prescribed for him?

23 A. Yes.

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Q. It may or may not be that the
Inderal as you have suggested is a problem in that
regard?

A. It may not be.

Q. You will agree with me there
are some difficulties in regarding it as a problem
whether you think it was by accident or design. There
are some logical problems on the way to that result?

A. Yes, there is.

Q. In the course of Mr. Hunt's
cross-examination of you, he asked you a question
about when you first learned of Bertha Bell's evidence
of what she believed she saw at about midnight on the
night that Allana Miller died.

A. Yes.

Q. He asked you whether you were
shocked when you first heard of that evidence. When
did you first learn of the evidence that Bertha Bell
had given?

A. It was that day, I was coming
down to see my lawyer, George Strathy, after the
day's hearing.

Q. Yes. And did you then read
about it in the newspapers?

A. I think I probably heard



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about it on either the eleven o'clock news or read it
in the paper in the morning.

3

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Q. Is it your recollection

5

of what you first heard, whether it be on the radio
or in the newspaper at least, was that Mrs. Bell's

6

evidence was that she had seen you at about midnight --

7

A. Yes.

8

Q. -- putting something into the

9

syringe of the buretrol on Allana Miller's IV?

10

A. Right.

11

Q. Indeed it wasn't until some

12

time later that Mrs. Bell expressed some question and
reservation as to just when it was that she had seen

13

you at that buretrol?

14

A. Yes.

15

Q. But the first reports were

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that she had given evidence that she had seen you

17

there at midnight.

18

A. Right.

19

Q. You remember that? And when

20

you heard that, did you appreciate the significance
of that evidence?

21

A. I wasn't surprised or I wasn't

22

shocked. I was more surprised the next morning with

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the headlines in the papers - I won't mention the

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papers or the media, but I thought they are making such a big deal out of this and I wanted to come and testify that day to say what I had done.

Q. Okay.

A. It wasn't that big a story, and I really thought Mrs. Bell had just been mistaken on the time and it really didn't bother me. I knew what I had done.

Q. I am sure you had that reaction but I am not quite sure you answered my question. My question was did you understand the significance of that evidence?

A. I understood it from the media as being that and from the reactions of the police lawyer that it was an unprescribed drug at an unprescribed time given to a baby.

Q. Well, if that evidence were accepted, did you not understand it was evidence that was very damaging to you?

A. Yes, I did, but I know what I had done at midnight and I knew what I gave at one o'clock.

Q. You knew what you had done. I suggest to you that if that evidence as you heard it reported, if it were accepted, placed you in



1
KK4 2 Allana Miller's room administering a drug at a time
3 when no drug was prescribed and none was recorded.
4 Now if that were accepted, that did place you in a
5 very serious position, did it not?

A. Yes.

6 Q. And were you not at all
7 disturbed by the possibility that that would be
8 accepted?

9 A. No. I was very -- I was
10 probably optimistic that when my chance came to give
11 my side of the story, that it would be cleared up.

12 Q. Even if you were very
13 confident that your story would be accepted, were you
14 not profoundly concerned that Mrs. Bell would say
15 something which you believed to be totally untrue
16 but which was apparently very damaging to you? Didn't
that concern you very deeply?

17 A. Well, it concerned me to the
18 point until I thought Bertha was just mistaken and I
19 thought that she has admitted that it could have been
one o'clock or around one o'clock.

20 Q. That was later, though, was
21 it not? At the time when you were reading those
22 things in the press, and I can show you the clippings
23 if you like, there was no reference to any question
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in her mind -- indeed she was rather linking it to the time that Justin Cook went to the echo lab you remember.

A. Yes.

Q. Now if that -- that was a very damaging piece of evidence. Perhaps you could put it right, but were you not at all disturbed that Bertha Bell, your friend Bertha Bell, would say something so terribly damaging to you?

A. I wasn't angry with Bertha --

Q. I am not suggesting you were angry.

A. I was a little disturbed, yes, but I really thought it would be cleared up when my side of the story came or if I had a chance to explain it.

Q. Okay. Miss Symes yesterday asked you about another matter that I would like to pursue for a moment if I may. Volume 137, Mr. Commissioner, and in particular page 1527. I don't think I need to refer to it particularly, but Miss Symes is asking you about helping out on the other side of the floor you remember, and she asked you whether Mrs. Bell might come over to do medications on your side and you said, well, it wasn't -- you



1
KK6 2 couldn't remember a particular time but it wasn't
3 unusual. Do you remember saying that?

4 A. Yes.

5 Q. And I take it the same is
6 true of you going the other way. You couldn't
7 remember any particular occasion when you had done
8 it but I take it it is not unusual to help out even
9 to the extent of giving medications on the other side
of the floor?

10 A. If we were asked, no.

11 Q. If you were asked, sure. And
12 I take it then it would not be cause for comment if
13 Mrs. Bell were seen on your side of the floor doing
14 medications in a room any more than it would cause
15 comment if you were seen on 4B? People would assume
that a request had been made?

16 A. Yes, or they may ask you,
17 like, what are you doing or is something wrong.

18 Q. All right. Of course, that
19 wouldn't need to happen if the child for whom the
20 medication was required was on constant nursing
care or shared nursing care, would it?

21 A. No, I don't think so.

22 Q. Because that child would have
23 a registered nurse constantly with him?

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A. Right.

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Q. And indeed if anyone were --

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if you were to go on to 4B and give medications to
a child who was on constant or shared nursing care,
that would probably (a) be questioned but it would
certainly be known by the nurse in charge of that
child or her relief?

8

A. It should be, yes.

9

Q. Of course. You are aware I

10

take it, Mrs. Trayner, that of the 29 children in

11

Categories A and B of the Atlanta Report, 25 per cent
died on Ward 4B. 7 out of 29 I believe is the number.

12

A. Okay.

13

Q. Accept it from me. Are you

14

also aware that not one of those 4B deaths was of
a child on constant or shared nursing care? Has
that thought struck you?

15

16

A. Not until now. I thought --

17

I had always thought Manojlovich was --

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Q. Previously Manojlovich had

19

been for three days prior to the day on which she
died. She came off constant care on the 10th and she
was dead on the morning of the 12th. But not one
of them at the time of his or her death was on
constant or shared care.

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I take it that a nurse giving constant or shared care on 4B would normally be relieved for breaks by a 4B nurse?

A. Yes.

Q. And usually I take it by the team leader? Just as usually on 4A the nurse giving such care would be relieved by the team leader?

A. Yes.

Q. As I say there were no deaths of constant or shared care patients on Ward 4B. Now there were, of course, such deaths on Ward 4A, were there not?

A. Yes.

Q. Indeed Mr. Tobias - was it Mr. Tobias yesterday? - went through some of these with you. Perhaps what, as many as half a dozen of them were on constant or shared care.

Are you able to offer any explanation to us, Mrs. Trayner, as to how a child being on constant care or shared care on 4A was apparently not able to prevent his receiving a large overdose of digoxin as in the case of Cook or dying in circumstances regarded as suspicious, perhaps Estrella, but on 4B no such child died in this period?

A. No, I am not.



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Q. With respect to the 4A deaths of children on constant care and shared care, and we had at least a couple of different nurses involved, did we not, Susan Nelles for Cook, Sui Scott for Estrella, and so on?

A. Yes.

Q. Is it fair to say as Mr. Olah discussed with you yesterday that if there was a common element between children on shared care or constant care on 4A, it was the probability that you relieved the nurses for their breaks?

A. Yes.

Q. I take it you have no recollection of ever having relieved a nurse on 4B for breaks from constant or shared nursing care?

A. I don't believe I have at all, no.

THE COMMISSIONER: I'm sorry, you said you believe you have?

THE WITNESS: No, I don't believe I have.

MR. LAMEK: Q. You say you can offer us no explanation as to how it was that constant care children died on 4A but apparently not on 4B; shared care died on 4A but not 4B. Again are we



1
KK102 looking at, in your view, anything other than
3 coincidence or bad luck?

4 A. You said that shared care
5 children on 4B did not die?

6 Q. Correct. I know of none.
7 No child who was constantly attended on 4B appears
8 to have died in the period.

8 A. I don't have any explanation.

9 Q. Also when Miss Symes cross-
10 examined you yesterday, she asked you about the call
11 from Mrs. Radojewski on Tuesday, March 24th, when
12 you were told not to come in to work on the Wednesday,
13 you remember?

14 A. Yes.

15 Q. The investigation was still
16 going on you were told and you said you thought the
17 investigation was about Pacsai. It is true later you
18 said it was perhaps about Cook too, and perhaps we
19 should look at what you said. It is at page 1572 of
20 yesterday's transcript, Mr. Commissioner. Beginning
21 at line 6 you were asked:

22 "Q. When Liz Radojewski called
23 you on the Tuesday afternoon, which
24 is March 24th, and told you, you
25 said, in very stern terms, you could



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not come in to work --

A. Right.

Q. -- I gather you have told us
that she advised you that the investi-
gation was still going on?

A. Yes.

Q. And any clearer as to what
the investigation was other than
what you have just said?

A. No.

Q. So you know it was still
about Pacsai?

A. Yes.

Q. And the question was whether
it was about anybody else?

A. I didn't even know they were
looking at anybody else. I thought
maybe it was just policies and
procedures on the fourth floor.

Q. So far as you knew on the
Tuesday it was a definite look into
Pacsai?

A. Yes.

Q. And you are not sure about
anyone else?

A. No."



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And then if we go over the page to
1574, you had also said that there was to be a
press release on the Wednesday, Mrs. Radojewski had
told you, and the Commissioner said at line 13, sir,
said to you:

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"Miss Symes put to you that you
thought the press release was going
to be about Kevin Pacsai and his
levels."

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10 To which you replied:

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"I thought the press release would
say that there is going to be a
Coroner's investigation into the
death of Kevin Pacsai..."

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And you went on:

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"and maybe something else to do with
procedures on the fourth floor."

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Miss Symes asked you:

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"Q. And as far as you knew there
was nothing else; that is, no other
babies that were being investigated?

19

20

A. No.

21

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Q. So you thought that it would
be not only the investigation but the
meeting at the Hospital at 10:00 and

23

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25



1
KK13 2 the press release would all be
3 around Pacsai?"
4 And then for the first time you mention Justin Cook.
5 You said:
6 "Well, I knew that they were looking -
7 they had done samples on Justin Cook.
8 Now whether that involved the whole
9 investigation of the Hospital and
10 fourth floor policies and procedures,
11 that may have something to do with
12 it, but it was basically Pacsai and
13 what was happening from the Saturday
14 night on to Tuesday."
15 I have to say very frankly, Mrs.
16 Trayner, that I have some difficulty with that
17 answer.
18 Can we examine for a moment what you
19 knew? You had known on Friday evening, March 20th,
20 that there was to be an inquest about Pacsai?
21 A. Right.
22 Q. You had understood as of
23 Friday, March 20th, that the Hospital had known about
24 the Pacsai inquest at least since the Thursday because
25 that's when Mrs. Radojewski had called Miss Nelles?
A. Right.



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Q. And you had known or you knew, therefore, that the Hospital had known since at least Thursday, at the latest Thursday, that Pacsai had died with a high digoxin level?

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A. Yes.

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Q. And you also knew that no special measures had been instituted or any investigation undertaken to your knowledge on Thursday, March 19th, Friday, March 20th, or Saturday, March 21st, until about 8:30 in the evening?

11

A. Right.

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Q. So although the Hospital had had the information about Pacsai since Thursday at the latest, they did nothing about an investigation?

15

A. Right.

16

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Q. Certainly until Saturday, if the Saturday actions were related to Pacsai?

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A. Yes.
Q. Okay. But there was a measure of concern about Pacsai which I take it you didn't fully appreciate because you really fully didn't understand what a Coroner's inquest was about?

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A. Right.

Q. In any event there had been no unusual measures in the operation of the ward until



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Saturday, the very first?

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A. Right.

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Q. You knew that Miller had

5

died suddenly on Friday night?

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A. Yes.

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Q. You knew that on Saturday

8

night unusual measures had been taken about the
digoxin, hold it, lock it up, double-sign for it?

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A. Right.

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Q. Following Cook's death you knew that other and even more unusual measures had been taken, and we have been through them, we don't need to go through them again, do we?

A. No.

Q. You knew on the Sunday night, did you not, that yet more strange things were happening on the ward? When you called Bertha Bell on the Sunday night, it is her evidence she told you then about the supervisors on the floor, supervisors having the keys, watching the drug administrations and so on.

A. Right.

Q. Now, the things that had happened certainly on the Sunday morning, the post mortem blood samples, the IV fluid samples, Dr. Fowler on the floor, the urgent call to the biochemist, you didn't think those were about Pacsai, those were clearly about Cook, were they not?

A. Yes.

Q. And is it fair then that at least some of these things that were causing concern to you and to all your colleagues were patently not about Pacsai, some of them clearly were about Cook, weren't they?



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A. Yes, that's correct.

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Q. On Saturday evening when

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those dig. doses were ordered held for a while one

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of three people, either you or Bertha Bell or

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Susan Nelles, had said there is something big going
on?

7

A. Right.

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Q. Do you remember that?

9

A. Yes.

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Q. On Sunday when you were told

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not to come to work you, according to your evidence

12

at the preliminary hearing, suspected that there was

13

a reason other than the one given by Mrs. Radojewski.

14

From your evidence here, you accepted her stated

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reason on its face?

A. Yes.

16

Q. On Tuesday it was clear that

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whatever was going on at the Hospital was focused on

18

your ward, 4A, and on your team, was it not?

19

A. Right.

20

Q. By the middle of March you

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have told us you had at last become aware that there

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were common elements in so many of these deaths:

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the presence of your team, deaths in the middle of

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A. Yes.

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Trayner
re.dr. (Lamek)

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Q. And when you recognized the focus of this investigation on the Tuesday when your team was told to stay home and Bertha Bell's went in, did it not really come home to you that something involving your team was under the very closest scrutiny?

A. That had occurred to me, yes.

Q. Then why would you think it was Pacsai, because he died on 4B?

A. Because I thought of the press release and the Coroner's inquest and I thought they were going to announce that as well, that it may have something to do with the Hospital investigation that was going on on the weekend. Liz Radojewski didn't tell me anything more than that.

Q. I know, but you knew a good deal for yourself, didn't you? If something big had been going on on Saturday night, then was it not clear to you by Tuesday that something of a very substantial scope and intensity was going on in that Hospital and it centred on your team?

A. Yes.

Q. And yet Pacsai, who died on 4B, is, you say, a thing that you assumed was the cause of this whole investigation that was going on?

A. No, I didn't say it was the



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whole investigation.

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Q. Well, eventually you got around to mentioning Cook but you didn't think there were any other children involved in that?

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MR. STRATHY: Well, she also said the policies and procedures on the fourth floor. She said that both times.

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MR. LAMEK: Q. As they affected your team only apparently, is that fair?

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A. I never saw it as just our team. I saw it as policies and procedures and part of Justin Cook here and Kevin Pacsai over here as to separate investigations.

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Q. I thought we had passed that particular hurdle, Mrs. Trayner. Let's go back and take another run at it. You told me that it was perfectly clear to you by Tuesday when your team was told not to come in and Bertha Bell's went in that the focus was not on the fourth floor but on Ward 4A and on Phyllis Trayner's team?

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A. That's right, but I thought the press release was going to say something about the Coroner's inquest.

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Q. And you are asking the Commissioner to believe I take it in the light of all



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that had occurred and in light of all that you knew that you thought on Tuesday, March 24th, this obviously large and profoundly troubling investigation concerned only Pacsai with, as an afterthought, perhaps Cook and practices and procedures on the fourth floor, and that's all you thought was involved in it?

A. Yes.

Q. All right.

Exhibit 397 was the famous anonymous letter. Mr. Percival in the course of his cross-examination, Volume 136, sir, pages 1254 and 1255 and 1258, and he got you to identify the letter, do you remember he did it in the context of asking you when it first occurred to you that someone might be trying to set you up, frame you or discredit you about these deaths? Do you remember that?

A. Yes.

Q. And you agreed with him that it was upon your receipt of that letter that the thought first came to you?

A. That it occurred to me, yes.

Q. Yes. And that was in September of 1982?

A. Yes. But it was mentioned



1
LL6 2 earlier by the police officers.

3 Q. All right. When was it
4 mentioned earlier?

5 A. I think it was just either
6 during or shortly after the preliminary hearing.

7 Q. What was your reaction at
8 that time when the police suggested that to you?

9 A. I couldn't think of anybody
10 that would wish or that would do this to me or would
11 have that animosity against me.

12 Q. Did you dismiss the idea?

13 A. I think I did, yes.

14 Q. And it didn't occur to you
15 again until you received the letter in September of
16 1982?

17 A. That crossed my mind, yes.

18 Q. Now, page 1254, you did
19 indeed say that it was shortly after the preliminary
20 hearing that it was suggested first by the police
21 officers that someone might be trying to set you up.

22 A. Yes.

23 Q. And that's what we have now
24 cleared up, is it, that some time after the pre-
25 liminary hearing a policeman suggested to you, one or
other policemen, that it looks as though someone is



LL7

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getting the fix in for you, Mrs. Trayner?

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A. I think the suggestion was

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for the Trayner team.

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Q. The Trayner team?

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A. Yes.

7

Q. Okay. And you couldn't think

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of anyone who had any cause to do that to you or

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hated you sufficiently to want to do that to you

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and so you rather dismissed the thought until

11

September of '82 this letter arrived and at that

12

point the thought came back to you, maybe really

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someone is trying to get me in trouble here. You

14

took the letter seriously, I take it?

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A. Yes.

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Q. Did you believe that the

17

writer was trying to implicate you in these deaths?

18

A. I believed it, yes.

19

Q. Would it be helpful to have

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the letter before you or can you remember it suffi-

21

ciently? Did you believe when you first read this

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letter that the writer, whoever it was, had indeed

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said something to the police which would incriminate

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you?

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A. I thought that's what they

were telling me, yes.



Trayner
re.dr. (Lamek)

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LL8

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Q. Yes. You told Mr. Percival that you inferred from the language of the letter that the writer was female?

A. Yes.

Q. I take it you took that from statements like:

"They showed me all the files and I went through them and told them what little I remembered like all the girls were doing."

A. Yes.

Q. Can we go a bit further. Did you infer from the language of the letter that its writer was a nursing colleague at the Hospital?

A. I didn't know who it was.

Q. I know you didn't know who it was.

A. I believed it to be somebody that the police had been questioning and from the letter I thought it would have to be a nursing colleague or person that was out there.

Q. Yes. Probably a nursing colleague, is that fair?

A. Yes.

Q. Because you must have thought



LL9

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that if you believed the writer was really saying bad things about you, that the writer must be someone who could credibly say to the police, oh, yes, I saw Phyllis Trayner do this, that and the other with these babies, and that has to be someone who has some legitimate reason for being there when you are doing things with babies; is that fair?

A. Yes.

Q. And therefore did you infer someone who was frequently around Ward 4A was the writer of the letter?

A. I don't know if it was someone from 4A.

Q. I said around 4A, someone frequently around 4A.

A. Okay, yes.

Q. And that, of course, narrowed the range of possible writers very considerably, didn't it? It wasn't the whole world out there writing anonymous letters to you, if you took this letter seriously; it narrowed the range of possible authors quite drastically, didn't it, once you made those inferences as to who the writer might be?

A. Yes.

Q. Did you not run mentally



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through the roster of everybody on that floor to think who of your colleagues could have had a sufficient hate for you to write that letter?

A. Yes, I did.

Q. You come down to a group consisting of perhaps your team members, Bertha's team members, the head nurse, the night supervisor and the ward assistants, people like ward clerks; it's a pretty tight group when you came to it in the end, isn't it?

A. Well, there would be the nurses from the other side. yes.

Q. Yes. I said Bertha Bell's team as well. It would have to be someone who worked opposite you or else they couldn't credibly say they saw Phyllis doing something, could they? Were you scared?

A. Yes, I was very upset with the letter.

Q. Could you think of anything, let alone two acts, but could you think of anything that the writer of this letter might have observed that the police might regard as suspicious; observed you doing?

A. No, I couldn't. It would all



LL11

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depend on what they saw me doing.

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Q. Of course. But could you think of anything they might have seen you doing that could possibly be misconstrued or regarded as suspicious or sinister in some way?

A. No.

Q. No. I understand that you gave the letter to Mr. Strathy and he gave it to the police?

A. Yes.

Q. Did you or Mr. Strathy make any effort to follow-up on what the police were doing with the letter?

A. They took the letter and we volunteered our fingerprints and they were going to check into it, do an investigation.

Q. Did you bug them to find out what discoveries they had made?

A. I think we did, yes.

Q. And nothing ever came of it, I take it?

A. That's what they said.

Q. Were your concerns and your fears eventually calmed and resolved?

A. It still bothered me that this



LL12

letter was sent.

Q. Hadn't the thought of set-up first occurred to you during the preliminary inquiry? You told Mr. Percival it hadn't, but I'm asking you to think about that, Mrs. Trayner.

A. I'm not sure when the police suggested it. It may have been during the preliminary hearing. My best recollection is when they were introducing the similar fact evidence that they thought maybe the team -- I can't get a specific time on it.

Q. Okay, but it was more than the team, wasn't it, Mrs. Trayner? Do you recall your second appearance as a witness at the preliminary inquiry?

A. Yes.

Q. When you gave evidence about some of those so-called carbon copy deaths?

A. Yes.

Q. Do you recall being cross-examined by Mr. Cooper?

A. Yes.

Q. Did he not point out to you, and I have the reference if you need it, did he not point out to you that of the 24 deaths of which



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evidence had been given you had been present for
each and every one of them?

A. Yes.

Q. Do you recall that there was
one exchange that then took place between you and
Mr. Cooper, it's in Volume 30, sir, page 70. It
begins at line 8 and the question was:

"Q. And if we are going to play
with statistics, Mrs. Trayner, I
guess a statistic that we could
toss around might be the fact that
with respect to each night or early
morning that a child died, 24 nights,
24 early mornings, I guess you were
on duty?

A. That's correct.

Q. 24 out of 24 times?

A. Correct.

Q. In respect of each one of
those children we have talked about
this morning, is that correct?

A. That's correct.

Q. Doesn't it strike you as being
beyond coincidence that you would
be on duty each night and early



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morning that each one of those
children died?

A. I don't know what you want,
is it more than a coincidence?

Q. Is it more than a coincidence?

A. With those odds, yes, it
would seem like it, yes."

Do you recall giving him that
answer?

A. Yes.

Q. Unless I am misled by the
words, Mrs. Trayner, it seems to me that you are
agreeing with Mr. Cooper that your unfailing presence
at the deaths that had been canvassed, considering
the statistical odds, was more than coincidence?

A. Yes.



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Q If you cannot explain this evidence as mere coincidence, how did you explain that to yourself at the time? Mr. Cooper didn't ask you to explain that to him, but once you have conceded that it was more than coincidence, how do you explain them to yourself?

A I don't know if I ever explained it, I went through them, these were sick children and they were dying.

Q But it did not occur to you until the police suggested it to you that maybe the timing of those deaths and their coincidence with your presence had been engineered by someone, that is not a thought that occurred to you when it was first borne in upon you that you had indeed been present for all the deaths and it was more than coincidence?

A I don't think it did, no.

Q You suggested here two possible explanations for the association in the epidemiologists terms of your presence with the deaths. First you said coincidence and the possibility that you were being set up or framed. With respect to coincidence --

MR. THOMSON: Excuse me, Mr. Commissioner, this matter has been covered about eight times. It is ten after five and I ask respectfully we please



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adjourn. My client has been subjected to a number of questions, and Mr. Lamek has been through this before and I really feel concerned about her. She has been through cross-examination by other counsel and I have made this point about 45 minutes ago.

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THE COMMISSIONER: How much longer will you be, Mr. Lamek?

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MR. LAMEK: On this point perhaps five minutes and then I have one more point. I am perfectly content to take a short break.

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THE COMMISSIONER: How do you feel, Mrs. Trayner, would you like a few minutes?

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THE WITNESS: I wouldn't mind a few minutes.

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THE COMMISSIONER: Yes, we will take, what do you want, what do you suggest, five minutes, is five minutes enough? Then, we will take five minutes.

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--- Short recess

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--- Upon resuming:

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THE COMMISSIONER: We have only mildly laid the relief, the Registrar went to phone his wife to apologize for being late and she said "I know all about it". Yes, Mr. Lamek.

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MR. LAMEK: Thank you, sir.



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Q Mrs. Trayner, we were just considering the two explanations that you have given here of the observed association between your presence and the deaths, and just to recap where we were you suggested one sheer coincidence; and two, that someone was deliberately using your schedule to create the appearance you were involved in the deaths?

A Yes.

Q With respect to coincidence, my question is, what has changed since the preliminary inquiry, other than the increase in the number of deaths for which you are noted as having been present, and we are now talking 29 and not 24, what has changed since the preliminary inquiry to make coincidence any more acceptable an explanation now than it was then? Two years ago you suggested that 24 out of 24 was more than coincidence?

A That is the only answer I could really give to Mr. Cooper, he gave me those numbers and I thought that was all I could say.

Q Similarly, if I say to you, we are now talking of 29 out of 29 deaths, is your answer again that that is more than coincidence?

A I don't know if it is any more than coincidence. It is a coincidence that I was



MM.4

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there, that is all I can really answer for.

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Q. All right, so I accept that, but I just want to understand it. Two years ago for 24 out of 24 the only answer you could give to Mr. Cooper was that was more than coincidence. Today 29 out of 29 you still are suggesting that coincidence may be the explanation?

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A. Yes.

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Q. And the other explanation that you offered to us was the fact that each of those 29 babies died or went into his final decline in your presence on the floor, is that someone was setting you up?

A. Yes.

Q. And that means, does it not, that someone was involved in - I will say it, some risk with the Commissioner, a doubly diabolical scheme, that is to say someone was involved on that thesis in first killing babies; and second, in selecting only times for those acts when you were on duty so as to create the impression that you were involved in those acts?

A. Yes.

Q. And you have no idea who that might be?



MM.5

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A. No, I don't.

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Q. You will agree with me however,
that if that person exists, that person is either
extremely fortunate to find patients unattended, or
extremely patient and waits until patients are
unattended, so that on your shift he or she might
do whatever has to be done to those babies. They are
either remarkably fortunate or remarkably patient,
is that fair?

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A. Yes.

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Q. And you can't tell us, can you,
how such a person gained access to children who were
on constant care or shared care?

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A. No, I can't.

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Q. In particular you can't tell us
how such a person gained access to Justin Cook?

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A. No.

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Q. Let me move to the last point.
You have been asked by a number of people, I did it
in chief to some extent, and others, Mr. Hunt and
Mr. Tobias have asked you in cross-examination about
other evidence that nurses on your team, or in the
Hospital, have given about your responses to events
and situations. Events such as cardiac arrests and
deaths, and the drawing of blood from Justin Cook



MM.6

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after his death. You have said, as I understand your evidence, that you were not aware that others were garnering those impressions from your behaviour?

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A. Yes.

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Q. I want to understand just what it is you are saying, Mrs. Trayner. Are you saying - let's take the example of the cardiac arrests and deaths. Are you saying that you were not preoccupied with or harping on those arrests; or that you were not aware that you were creating the impression that has been described by several of your colleagues?

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A. I wasn't harping on the deaths and the arrests, and therefore I wasn't aware that I was giving out that impression.

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Q. You were not preoccupied with them?

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A. No.

Q. Similarly, with respect to the drawing of post mortem samples of blood from Justin Cook, is it your evidence that you were not especially or particularly concerned about that? Or is it rather that you were not aware that you were manifesting an apparent concern?

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A. I don't really remember being particularly concerned about the post mortem blood. I



MM.7

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remember being particularly concerned about the
events of that whole night.

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Q And similarly with respect to
the evidence of people who have talked about your
leadership style, is it your evidence that you are
not overbearing and perhaps bossy in an arrest
situation, or you were not aware that you were
being perceived that way, which is it you are saying
to us, Mrs. Trayner?

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A About the cardiac arrests?

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Q Yes.

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A I may be, I may have been bossy
at times during an arrest, it was an emergency
situation and someone does have to take charge of it.

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Q Can I say this, Mrs. Trayner, I
am afraid it is maybe a long lead up to my question.
But in considering the evidence and attempting to
reach a conclusion as to the cause of death of these
children, the Commissioner is obviously going to
have to consider the testimony and perhaps the
credibility of the testimony of many, many witnesses,
including you.

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I am interested therefore, if I may,
in asking about Phyllis Trayner; Phyllis Trayner the
person, as that person may bear upon some of those



MM.8

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2 important considerations. Many of your colleagues,
3 as you know, in their evidence here have given us
4 what I call a composite picture of Phyllis Trayner.
5 I don't think I do violence to the evidence if I
6 say that the picture that we had of you before you
7 arrived here was of a woman who reacted strongly
8 and visibly to stress, and tears and obvious
9 emotional upsets were common according to the
evidence we have heard.

10 A woman who came on strong, forgive
11 the expression, and sometimes in a way that they
12 found overbearing and offensive, and Susan Nelles
13 and Bertha gave evidence of that kind.

14 A woman who notwithstanding that
15 habit of coming on strong in the view of many of
16 the witnesses, constantly appeared to need reassurance
and attention.

17 A woman who appeared to be curiously
18 and at least to Lynn Johnstone disturbingly
19 preoccupied with the deaths of these children, not
20 only during but long after the epidemic period.

21 I have to say, Mrs. Trayner, that I
22 have watched and I have listened to you for a number
23 of days now, and you have told us repeatedly you have
24 no recollection of the vast majority of these
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MM.9

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children, or the events leading to and surrounding
their deaths. In what is clearly an enormously
stressful situation for you here in this Commission
you have been a model of control. If I may say so,
you have displayed very little if any emotion of
any kind, anger, and goodness knows you have had
cause for anger on occasion. Sadness, upset of any
sort, and in coming to my question, frankly the
discrepancy in what we have heard about you and
what we have seen of you is so great that if this
were an occasion for levity I would be attempted to
say would the real Phyllis Trayner please stand up.



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MM2/DM/ko

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Q. And I ask you this question.

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You are aware of what your colleagues have said of
4 you and of your manner and of your behaviour?

4

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A. Yes.

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Q. How do you explain the

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discrepancy between what they have described and what
8 you have shown to us here? Are their impressions
and observations all wrong?

8

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A. My feeling is that myself and

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my behaviour have been under a microscope.

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Q. Yes?

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A. For several weeks, several

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months, and I think some of the incidents may be

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exaggerated, they have put more depth into them than

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was really necessary, or put more effort into them

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than was more than necessary. I believe if it was

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anybody else, any of the other members on the team,

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you would find things out as well if you were to put

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everybody under a microscope and I feel that is what

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has happened. I feel some things may have been over-
exaggerated.

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Q. And clearly I take it you have

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given your evidence here with a keen eye to the

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importance of remaining in control of yourself?

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A. Well I was here to give my story,

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yes.

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Q. And that may or may not mean,

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I take it, the observations made by your colleagues

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are right, or wrong, or exaggerated, or understated,

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because some of those people are your friends I take
it?

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A. Yes.

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Q. You regard Bertha Bell as your

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friend?

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A. Yes.

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Q. And have done for a number of

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years now?

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A. Yes.

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Q. And as you are suggesting, and

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just as I understand it at the very end now, it is

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your suggestion that the position in which you have

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been placed in the last several months, and the very

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uncomfortable position which we acknowledge you find

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yourself in giving evidence here, is that the

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explanation for the measure of control that I think

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everybody has observed of you in the course of the

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last several days?

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A. This is me. This is what you
are seeing.

Q. Well, that's what puzzles me,
Mrs. Trayner, because I assume it was you on Ward 4A
too?

A. Yes.

Q. And we heard a very different
you described, and I am trying to resolve the
discrepancy. I am asking for your help to do it. It
may be that you can't help me any more than you already
have.

A. I don't think I can.

MR. LAMEK: Mrs. Trayner, thank you
very much indeed.

THE COMMISSIONER: Yes, thank you,
Mrs. Trayner.

That's it until 10 o'clock tomorrow.

MR. YOUNG: Sir, before we rise may
I have some indication from Mr. Lamek and Miss Cronk
as to who the next witness will be? I understand that
Dr. Kauffman will be coming tomorrow but I have no
idea as to who will be appearing tomorrow afternoon.

THE COMMISSIONER: Miss Ganassin and
Mrs. Palmer are standing by.

MR. LAMEK: I think, Mr. Commissioner,



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we have Dr. Kauffman at 10 o'clock tomorrow.

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THE COMMISSIONER: Yes.

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MR. LAMEK: And Mrs. Ganassin or
Mrs. Bucci I guess is ready to follow Dr. Kauffman
whenever he finishes.

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THE COMMISSIONER: And Mrs. Palmer I
hope as well.

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I understood that Miss Cronk gave a
memo and the extent of it is that - the name, how is
it pronounced, Miss McIntyre, is it Ganassin?

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MISS MCINTYRE: Bucci.

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MR. LAMEK: G-a-n-a-s-s-i-n Bucci.

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THE COMMISSIONER: Whatever the lady's
name is gave evidence under a different name at the
Preliminary Inquiry.

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MISS MCINTYRE: I believe she gave
evidence under both names. She got married in the
interim.

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THE COMMISSIONER: Oh, I see. Whatever
it is I want counsel to have read that and I don't
really want to go into that evidence. The main reason
that she is being called is because of the Lombardo
child. Is that not the reason, Miss Cronk?

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MS. CRONK: That is correct, sir.

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THE COMMISSIONER: And that is the main



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purpose, and I hope that will be, and in that case we
may be finished with her very quickly.

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All right, until 10 o'clock tomorrow
morning.

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---Whereupon the hearing adjourned at 5:30 p.m. until
10:00 a.m. Wednesday, May 2nd, 1984.

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